

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000002777

FILED
Jan 26, 2006
Secretary of State

Entity Name: SHARED SERVICES HEALTHCARE, INC.

Current Principal Place of Business:

2300 WINDY RIDGE PARKWAY
SUITE 560 SOUTH
ATLANTA, GA 30339

New Principal Place of Business:

Current Mailing Address:

2300 WINDY RIDGE PARKWAY
SUITE 560 SOUTH
ATLANTA, GA 30339

New Mailing Address:

FEI Number: 58-2158576

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GREEN, SANDRA W
Address: 500 AYN CT
City-St-Zip: ROSWELL, GA

Title: C () Delete
Name: BEDSOLE, BILL
Address: 624 EAST 12TH STREET
City-St-Zip: GREENSBORO, NC 27407

Title: D () Delete
Name: CUSA, PHIL
Address: 750 MORPHY AVE
City-St-Zip: FAIRHOPE, AL 36532

Title: ST () Delete
Name: BOYNTON, STEPHANIE
Address: 128 WHEELERTOWN RD
City-St-Zip: PIKEVILLE, TN 37367

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARRY CARTER

CFO

01/26/2006

Electronic Signature of Signing Officer or Director

_____ Date