

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007645

FILED
Jul 26, 2004
Secretary of State

Entity Name: SMALL BUSINESS HEALTH SOLUTIONS, INC.

Current Principal Place of Business:

2891 CENTER POINTE DR., STE. 207
FT. MYERS, FL 33916

New Principal Place of Business:

Current Mailing Address:

2891 CENTER POINTE DR., STE. 207
FT. MYERS, FL 33916

New Mailing Address:

FEI Number: 06-1637061

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BOLIN, KURT
Address: 20 HORSENECK LANE
City-St-Zip: GREENWICH, CT 06830

Title: D () Delete
Name: SAWYER, ANDREW
Address: 20 HORSENECK LANE
City-St-Zip: GREENWICH, CT 06830

Title: CFO () Delete
Name: RYAN, MICHAEL
Address: 20 HORSENECK LANE
City-St-Zip: GREENWICH, CT 06830

Title: S () Delete
Name: TECKLIN, STACEY
Address: 20 HORSENECK LANE
City-St-Zip: GREENWICH, CT 06830

Title: CED (X) Delete
Name: MILLIGAN, ROBERT
Address: 20 HORSENECK LANE
City-St-Zip: GREENWICH, CT 06830

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: CEO (X) Change () Addition
Name: ROBERTSON, SCOTT D
Address: 2891 CENTER POINTE DRIVE, SUITE 207
City-St-Zip: FORT MYERS, FL 33916

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 Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT ROBERTSON

CEO

07/26/2004

Electronic Signature of Signing Officer or Director

Date