


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90265 001 \*\*\*211.25

<b>DOCUMENT # N01000007645</b> 1. Entity Name SMALL BUSINESS HEALTH SOLUTIONS, INC.	
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Principal Place of Business 2891 CENTER POINTE DR., STE. 207 FT. MYERS, FL 33916	Mailing Address 2891 CENTER POINTE DR., STE. 207 FT. MYERS, FL 33916
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**66004794**



01102006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 06-1637061	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324
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**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOLIN, KURT 20 HORSENECK LANE GREENWICH, CT 06830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO ROBERTSON, SCOTT D 2891 CENTER POINTE DRIVE, SUITE 207 FORT MYERS, FL 33916
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO RYAN, MICHAEL 20 HORSENECK LANE GREENWICH, CT 06830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TECKLIN, STACEY 20 HORSENECK LANE GREENWICH, CT 06830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** S. Rob **2/28/2006** **954537-2040**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #