

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90130 001 ***300.00

DOCUMENT # P00000004971

1. Entity Name
TECHHEALTH.COM, INC.



Principal Place of Business
8800 GRAND OAK CIRCLE
STE 510
TAMPA, FL 33637 US

Mailing Address
8800 GRAND OAK CIRCLE
STE 510
TAMPA, FL 33637 US

66005106



2. Principal Place of Business
14025 Riveredge DR

3. Mailing Address
14025 Riveredge DR

Suite, Apt. #, etc.
S 400

Suite, Apt. #, etc.
S 400

02082006 Chg-P CR2E034 (11/05)

City & State
TAMPA FL

City & State
TAMPA FL

4. FEI Number
59-3625712

Applied For
Not Applicable

Zip
33637

Country

Zip
33637

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GUILLLOT, EDWIN J
8800 GRAND OAK CIRCLE STE 510
TAMPA, FL 33-6375

Name
Corporation Agents, Inc

Street Address (P.O. Box Number is Not Acceptable)

515 E. Park Avenue

City
Tallahassee, FL

Zip Code
32301

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

Edwin J. Guillot

3-8-2006

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
SWEET, THOMAS R
8800 GRAND OAK CIRCLE STE 510
TAMPA, FL 33637 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
14025 Riveredge DR
Suite 400
TAMPA FL 33637 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFO
BERRY, RICHARD C
8800 GRAND OAK CIRCLE, STE 510
TAMPA, FL 336372003 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 607, 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:

Thomas R. Sweet

3-8-2006 813-830-5700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #