

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000089819

FILED
Jun 21, 2004
Secretary of State

Entity Name: MOBILE HEALTH SOLUTIONS, INC.

Current Principal Place of Business:

121 PINE CREEK TRAIL
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

121 PINE CREEK TRAIL
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 59-3746848

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEGALZOOM NEVADA INC
44 W. FLAGLER ST.
SUITE 675
MIAMI, FL 33130 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTSD () Delete
Name: GERKEN, ALICE M
Address: 121 PINE CREEK TR
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALICE M. GERKEN

PTSD

06/21/2004

Electronic Signature of Signing Officer or Director

Date