

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000089819

FILED  
Apr 22, 2007  
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:**

UNITED STATES CORPORATION AGENTS, INC.  
1111 LINCOLN RD  
SUITE 400  
MIAMI BEACH, FL 33139 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: 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 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: ALICE GERKEN

PRES

04/22/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date