2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2010
Secretary of State

DOCUMENT# P01000089819

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.
13302 WINDING OAKS BLVD
SUITE A-100
TAMPA, FL 336123425 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
Name: GERKEN, ALICE M
Address: 121 PINE CREEK TR
City-St-Zip: ORMOND BEACH, FL 32174

I hereby 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 all other like empowered.

SIGNATURE: ALICE M. GERKEN PRES 05/04/2010

Electronic Signature of Signing Officer or Director — Date