

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000046615

Entity Name: ADAPTIVE HEALTH SOLUTIONS, INC.

FILED
Oct 18, 2005
Secretary of State

Current Principal Place of Business:

848 BRICKELL KEY DRIVE
SUITE 602
MIAMI, FL 33131

New Principal Place of Business:

New Mailing Address:

Current Mailing Address:

13648 NORTH MARSH HARBOR DR.
JACKSONVILLE, FL 32225

848 BRICKELL KEY DRIVE
MIAMI, FL 33131

FEI Number: 75-3052246

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILCOX, RALEIGH M CPA
13500 SUTTON PARK DRIVE SOUTH
SUITE 703
JACKSONVILLE, FL 32224 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

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: BOHDAN, LUCKY
Address: 2455 SOUTH PONTE VEDRA BLVD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: PSTD (X) Delete
Name: BUTTERWORTH, MELISSA C
Address: 13648 MARSH HARBOR DRIVE N
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: WHITAKER, CALVIN
Address: 3656 ISABELLA DRIVE
City-St-Zip: JACKSONVILLE, FL 32250

Title: D () Delete
Name: MITCHELL, DOUGLAS R
Address: 525 DUNNALLY CT
City-St-Zip: ALPHARETTA, GA 30022

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PM (X) Change () Addition
Name: CRAIG, STEFFEN
Address: 848 BRICKELL KEY DRIVE #602
City-St-Zip: MIAMI, FL 33131

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CRAIG E STEFFEN

P

10/18/2005

Electronic Signature of Signing Officer or Director

Date