

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000046615

FILED
Oct 19, 2006
Secretary of State

Entity Name: ADAPTIVE HEALTH SOLUTIONS, INC.

Current Principal Place of Business:

848 BRICKELL KEY DRIVE
SUITE 602
MIAMI, FL 33131

New Principal Place of Business:

13846 ATLANTIC BOULEVARD
SUITE 111
JACKSONVILLE, FL 32225

Current Mailing Address:

848 BRICKELL KEY DRIVE
MIAMI, FL 33131

New Mailing Address:

13846 ATLANTIC BOULEVARD
SUITE 111
JACKSONVILLE, FL 32225

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PM (X) Change () Addition
Name: CRAIG, STEFFEN
Address: 13846 ATLANTIC BOULEVARD #111
City-St-Zip: JACKSONVILLE, FL 32225

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: CRAIG E. STEFFEN

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10/19/2006

Electronic Signature of Signing Officer or Director

Date