

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000107440

Entity Name: FUSION HEALTHCARE, INC.

**FILED**  
**Apr 20, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

3830 BEE RIDGE ROAD  
SUITE 100  
SARASOTA, FL 34233

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 25487  
SARASOTA, FL 34277

**New Mailing Address:**

FEI Number: 22-3874933

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BEDI, INITA K  
3830 BEE RIDGE ROAD  
SUITE 100  
SARASOTA, FL 34233 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: D  
Name: BEDI, INITA K  
Address: 3830 BEE RIDGE ROAD SUITE 100  
City-St-Zip: SARASOTA, FL 34233

Title: D  
Name: BEDI, NEIL S  
Address: 3830 BEE RIDGE ROAD SUITE 100  
City-St-Zip: SARASOTA, FL 34233

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: INITA BEDI

D

04/20/2010

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

\_\_\_\_\_  
Date