

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000121076

FILED  
Jan 11, 2010  
Secretary of State

**Entity Name:** SMART HEALTH SOLUTIONS, P.A.

**Current Principal Place of Business:**

9900 W. SAMPLE RD.  
102  
CORAL SPRINGS, FL 33065 US

**New Principal Place of Business:**

**Current Mailing Address:**

9900 W. SAMPLE RD.  
102  
CORAL SPRINGS, FL 33065 US

**New Mailing Address:**

**FEI Number:** 06-1660863      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

WEYANT, TIM S  
9900 W. SAMPLE RD  
SUITE 102  
CORAL SPRINGS, FL 33065 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: MR.  
Name: WEYANT, TIM S  
Address: 9900 W. SAMPLE RD, SUITE 102  
City-St-Zip: CORAL SPRINGS, FL 33065 US

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: TIM WEYANT

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

P

01/11/2010

\_\_\_\_\_ Date