2006 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED Jan 09, 2006 Secretary of State

(X) Change () Addition

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515 WEST STATE ROAD 434 SUITE 301

BATSON, CHARLES L SR

LONGWOOD, FL 32750 US

Entity Name: PHYSICIANS' HEALTH SOLUTIONS FOR WELLNESS, INC.

New Principal Place of Business: Current Principal Place of Business: 515 WEST STATE ROAD 434 SUITE 301 LONGWOOD, FL 32750 **New Mailing Address: Current Mailing Address:** 515 WEST STATE ROAD 434 SUITE 301 LONGWOOD, FL 32750 US FEI Number: 57-1139722 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BATSON, CHARLES L 515 WEST STATE ROAD 434 SUITE 301 LONGWOOD, FL 32750 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete BATSON, CHARLES L SR Name:

515 WEST STATE ROAD 434 SUITE 203 Address:

City-St-Zip: LONGWOOD, FL 32750 US

Title: () Delete

Name: BATSON, CHARLES L

515 WEST STATE ROAD SUITE 301 Address:

LONGWOOD, FL 32750 City-St-Zip:

Name: Address: City-St-Zip:

Title:

Name:

Title:

Address:

City-St-Zip:

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: CHARLES L BATSON 01/09/2006 DR