

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000025449

FILED
Jan 05, 2005
Secretary of State

Entity Name: PREMIER HEALTHCARE SOLUTIONS, INC.

Current Principal Place of Business:

16017 NORTH FLORIDA AVENUE
SUITE # 104
LUTZ, FL 33549

New Principal Place of Business:

1926 TAYLOR LANE
TAMPA, FL 33618

Current Mailing Address:

16017 NORTH FLORIDA AVENUE
SUITE # 104
LUTZ, FL 33549

New Mailing Address:

1926 TAYLOR LANE
TAMPA, FL 33618

FEI Number: 35-2199273

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAUTNER, TODD W
1926 TAYLOR LANE
TAMPA, FL 33618 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: PD () Delete
Name: MAUTNER, TODD W
Address: 19239 N. DALE MABRY HWY. #114
City-St-Zip: LUTZ, FL 33548

Title: VP () Delete
Name: ZUMPARO, HEATHER M
Address: 1926 TAYLOR LANE
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: TODD W MAUTNER

PD

01/05/2005

Electronic Signature of Signing Officer or Director

Date