

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000041530

FILED
Apr 28, 2009
Secretary of State

Entity Name: POWELL HEALTH SOLUTIONS, CORP.

Current Principal Place of Business:

17100 N.E. 19TH AVENUE
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

17100 N.E. 19TH AVENUE
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

18520 N.W. 67TH AVE
SUITE # 125
MIAMI, FL 33015

FEI Number: 27-0082764

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POWELL, NORMAN C
17100 NE 19TH AVENUE
NORTH MIAMI BEACH, FL 33162 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 () Delete
Name: POWELL, MICHELLE C
Address: 17100 NE 19TH AVENUE
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: T () Delete
Name: POWELL, DOREEN
Address: 17100 N.E. 19TH AVENUE
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: POWELL, MICHELLE C
Address: 17100 NE 19TH AVENUE
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: FANNIN, KEVIN
Address: 17100 N.E. 19TH AVE
City-St-Zip: NORTH MIAMI BEACH, FL 33162

I hereby certify that the information supplied with this filing does not qualify 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: MICHELLE POWELL

P

04/28/2009

Electronic Signature of Signing Officer or Director

_____ Date