2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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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:

FEI Number: 27-0082764 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

OFFICERS AND DIRECTORS:

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

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

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

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: MICHELLE POWELL PRES 03/06/2011

Electronic Signature of Signing Officer or Director Date