

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000077744

FILED
Jan 06, 2011
Secretary of State

Entity Name: MEDSOLUTIONS CARE, INC.

Current Principal Place of Business:

14255 49TH ST.,N., STE 301
CLEARWATER, FL 33762

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 17741
CLEARWATER, FL 33762

New Mailing Address:

FEI Number: 20-2931766

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NESBITT, NATARSHA D
14255 49TH STREET NORTH
SUITE 301
CLEARWATER, FL 33762 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: PD
Name: ALLISON, R. DIRK
Address: 14255 49TH ST. N.,SUITE 301
City-St-Zip: CLEARWATER, FL 33762

Title: STD
Name: SAFT, STEPHEN M
Address: 14255 49TH ST. N.,SUITE 301
City-St-Zip: CLEARWATER, FL 33762

Title: VP
Name: O'CONNOR, MICHAEL
Address: 14255 49TH ST. N.,SUITE 301
City-St-Zip: CLEARWATER, FL 33762

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: STEPHEN SAFT

STD

01/06/2011

Electronic Signature of Signing Officer or Director

Date