

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000056960

Entity Name: COMPUTER HEALTHCARE, INC.

FILED
Apr 09, 2009
Secretary of State

Current Principal Place of Business:

11630 US HWY 1
SEBASTIAN, FL 32958

New Principal Place of Business:

1110 US HWY 1
SEBASTIAN, FL 32958

Current Mailing Address:

11630 US HWY 1
SEBASTIAN, FL 32958

New Mailing Address:

1110 US HWY 1
SEBASTIAN, FL 32958

FEI Number: 20-4771176

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALENTINE, JAMES
11630 US HWY 1
SEBASTIAN, FL 32958 US

Name and Address of New Registered Agent:

GALENTINE, JAMES
1110 US HWY 1
SEBASTIAN, FL 32958 US

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:

04/09/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GALENTINE, JAMES
Address: 11630 US HWY 1
City-St-Zip: SEBASTIAN, FL 32958

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GALENTINE, JAMES
Address: 1110 US HWY 1
City-St-Zip: SEBASTIAN, FL 32958

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: JAMES GALENTINE

PRES

04/09/2009

Electronic Signature of Signing Officer or Director

Date