

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000104445

Entity Name: TSHEALTHSOURCE, INC.

FILED  
Jan 22, 2009  
Secretary of State

## Current Principal Place of Business:

2637 COUNTRYSIDE DRIVE  
ORANGE PARK, FL 32003 US

## New Principal Place of Business:

2637 COUNTRY SIDE DRIVE  
FLEMING ISLAND, FL 32003 US

## Current Mailing Address:

2637 COUNTRYSIDE DRIVE  
ORANGE PARK, FL 32003 US

## New Mailing Address:

2637 COUNTRY SIDE DRIVE  
FLEMING ISLAND, FL 32003 US

FEI Number: 20-5416070

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HOWARD J. SMITH, P.A.  
12443 SAN JOSE BLVD  
SUITE 1004  
JACKSONVILLE, FL 32223 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: DPS ( ) Delete  
Name: SMITH, STEPHANIE A  
Address: 2637 COUNTRYSIDE DRIVE  
City-St-Zip: ORANGE PARK, FL 32003 US

Title: DVPT ( ) Delete  
Name: SMITH, RICHARD T  
Address: 2637 COUNTRYSIDE DRIVE  
City-St-Zip: ORANGE PARK, FL 32003 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change ( ) Addition  
Name: SMITH, STEPHANIE A  
Address: 2637 COUNTRY SIDE DRIVE  
City-St-Zip: FLEMING ISLAND, FL 32003 US

Title: DVPT (X) Change ( ) Addition  
Name: SMITH, RICHARD T  
Address: 2637 COUNTRY SIDE DRIVE  
City-St-Zip: FLEMING ISLAND, FL 32003 US

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: STEPHANIE SMITH

DPS

01/22/2009

Electronic Signature of Signing Officer or Director

Date