

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