

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000048822

FILED  
Apr 29, 2008  
Secretary of State

Entity Name: INFINITUM HEALTH CARE SOLUTIONS, INC.

## Current Principal Place of Business:

24630 SW 192 AVENUE  
RELANDS, FL 33031

## New Principal Place of Business:

24630 SW 192 AVENUE  
REDLAND, FL 33031 US

## Current Mailing Address:

24630 SW 192 AVENUE  
REDLANDS, FL 33031

## New Mailing Address:

24630 SW 192 AVENUE  
REDLAND, FL 33031 US

FEI Number: 76-3212053

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SIMONRAMOS, LAURIE  
24630 SW 192 AVENUE  
REDLANDS, FL 33031 US

## Name and Address of New Registered Agent:

SIMONRAMOS, LAURIE  
24630 SW 192 AVENUE  
REDLAND, FL 33031 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:

04/29/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete  
Name: SIMONRAMOS, LAURIE  
Address: 24630 SW 192 AVENUE  
City-St-Zip: REDLANDS, FL 33031

Title: CFO ( ) Delete  
Name: SIMONRAMOS, ALVARO  
Address: 24630 SW 192 AVENUE  
City-St-Zip: REDLANDS, FL 33031

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition  
Name: SIMONRAMOS, LAURIE  
Address: 24630 SW 192 AVENUE  
City-St-Zip: REDLAND, FL 33031 US

Title: CFO (X) Change ( ) Addition  
Name: SIMONRAMOS, ALVARO  
Address: 24630 SW 192 AVENUE  
City-St-Zip: REDLAND, FL 33031 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: LAURIE SIMONRAMOS

CEO

04/29/2008

Electronic Signature of Signing Officer or Director

Date