

# **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000056248

**FILED**  
**Jun 19, 2008**  
**Secretary of State**

**Entity Name:** FUSION HEALTHCARE SOLUTIONS, INC.

**Current Principal Place of Business:**

5100 DUPONT BLVD #4E  
FT LAUDERDALE, FL 33308

**New Principal Place of Business:**

**Current Mailing Address:**

5100 DUPONT BLVD #4E  
FT LAUDERDALE, FL 33308

**New Mailing Address:**

**FEI Number:** 26-0151210

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 US

**Name and Address of New Registered Agent:**

BURKE, APRIL  
5100 DUPONT BLVD #4E  
FT. LAUDERDALE, FL 33308 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: APRIL BURKE

06/19/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BURKE, APRIL  
Address: 5100 DUPONT BLVD #4E  
City-St-Zip: FT LAUDERDALE, FL 33308

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: APRIL BURKE

D

06/19/2008

Electronic Signature of Signing Officer or Director

Date