2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# P08000072811

Entity Name: CUREWELL HEALTHCARE INC

Current Principal Place of Business:

2255 GLADES RD
324A
BOCA RATON, FL 33431 US

New Principal Place of Business:

Current Mailing Address:

2255 GLADES RD
324A
BOCA RATON, FL 33431 US

New Mailing Address:

FEI Number: 26-3109443 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JUNAID, SHARON
5401 N UNIVERSITY DR
102
CORAL SPRINGS, FL 33067 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: P ( ) Delete
Name: ETLSOFT INC
Address: 2255 GLADES RD SUITE 324A
City-St-Zip: BOCA RATON, FL 33431 US

Title: P ( ) Delete
Name: SHAIK, KHAJA
Address: 1313 W MEMORY LANE APT 201
City-St-Zip: SANTA ANA, CA 92706

Title: VP ( ) Delete
Name: KOTTA, REKHA
Address: 5865 NW 41ST WAY
City-St-Zip: COCONUT CREEK, FL 33073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SHAIK, MASOOM V
Address: 2255 GLADES RD STE 324A
City-St-Zip: BOCA RATON, FL 33431

Title: VP (X) Change ( ) Addition
Name: SHAIK, KHAJA
Address: 1313 W MEMORY LANE APT 201
City-St-Zip: SANTA ANA, CA 92706

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: MASOOM V SHAIK P 04/29/2009

Electronic Signature of Signing Officer or Director Date