2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000108521

Entity Name: INTEGRATED HEALTHCARE SOLUTIONS, INC.

FILED Feb 06, 2009 Secretary of State

Current Principal Plac	e of Business:	New Princi	pal Place of Business

2151 E. COMMERCIAL BLVD 868 106TH AVENUE NORTH SUITE 204 NAPLES, FL 34108 FORT LAUDERDALE, FL 33308 US

New Mailing Address: Current Mailing Address:

2151 E. COMMERCIAL BLVD 868 106TH AVENUE NORTH SUITE 204 NAPLES, FL 34108 US FORT LAUDERDALE, FL 33308 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

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

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 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: Electronic Signature of Registered Agent

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Date

Title: () Delete Title: (X) Change () Addition PHAM, CHRISTOPHER PHAM, CHRISTOPHER DR Name: Name: 2151 E. COMMERCIAL BLVD, SUITE 204 Address: 868 106TH AVENUE NORTH Address: City-St-Zip: FORT LAUDERDALE, FL 33308 US City-St-Zip: NAPLES, FL 34108 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: DR. CHRISTOPHER PHAM PD 02/06/2009