2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2010
Secretary of State

DOCUMENT# P09000021913

Entity Name: AUTOMATED HEALTHCARE SYSTEMS, INC.

Current Principal Place of Business:

2510 GALLAGHER RD
DOVER, FL 33527

New Principal Place of Business:

Current Mailing Address:

2510 GALLAGHER RD
DOVER, FL 33527

New Mailing Address:

FEI Number: 27-2100531 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARTIS, DAVID
2510 GALLAGHER RD
DOVER, FL 33527 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: PCEO
Name: ARTIS, DAVID
Address: 2510 GALLAGHER RD
City-St-Zip: DOVER, FL 33527

Title: TD
Name: ARTIS, DAVID
Address: 2510 GALLAGHER RD
City-St-Zip: DOVER, FL 33527

Title: CTOD
Name: RAHM, TOM
Address: 2325 BLANDING BLVD
City-St-Zip: JACKSONVILLE, FL 32210

Title: CMOS
Name: KHAN, SHAUKAT
Address: 255 CLUBHOUSE ST
City-St-Zip: BOILINGBROOK, IL 60490

Title: D
Name: KHAN, SHAUKAT
Address: 255 CLUBHOUSE ST
City-St-Zip: BOILINGBROOK, IL 60490

I hereby 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 all other like empowered.

SIGNATURE: DAVID ARTIS CEO 03/15/2010

Electronic Signature of Signing Officer or Director Date