2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2012
Secretary of State

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Entity Name: SULIS HEALTHCARE INC

Current Principal Place of Business:

16425 MAGNOLIA BLUFF DRIVE
MONTVERDE, FL 34756

New Principal Place of Business:

16424 MAGNOLIA BLUFF DRIVE
MONTVERDE, FL 34756

Current Mailing Address:

16425 MAGNOLIA BLUFF DRIVE
MONTVERDE, FL 34756

New Mailing Address:

16424 MAGNOLIA BLUFF DRIVE
MONTVERDE, FL 34756

FEI Number: 27-1804825 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WELLS, GRAHAM W
16424 MAGNOLIA BLUFF DRIVE
MONTVERDE, FL 34756 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

OFFICERS AND DIRECTORS:

Title: P
Name: WELLS, GRAHAM W
Address: 16424 MAGNOLIA BLUFF DRIVE
City-St-Zip: MONTVERDE, FL 34756

Title: VP
Name: WELLS, MICHELE F
Address: 16424 MAGNOLIA BLUFF DRIVE
City-St-Zip: MONTVERDE, FL 34756

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: GRAHAM WELLS PRES 04/29/2012

Electronic Signature of Signing Officer or Director Date