# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 24, 2010**
**Secretary of State**

DOCUMENT# P09000060280

**Entity Name:** E TELHEALTH INC.

**Current Principal Place of Business:**

5489 WILES ROAD
303
COCONUT CREEK, FL 33073

**New Principal Place of Business:**

**Current Mailing Address:**

5489 WILES ROAD
303
COCONUT CREEK, FL 33073

**New Mailing Address:**

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

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

LANCE, JAMES
5489 WILES ROAD
303
COCONUT CREEK, FL FL 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
Name: JAMES, LANCELOT
Address: 5489 WILES ROAD
City-St-Zip: COCONUT CREEK, FL 33073 FL

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: LANCELOT JAMES PRES 02/24/2010

Electronic Signature of Signing Officer or Director — Date