

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000102698

**FILED**  
**Apr 23, 2010**  
**Secretary of State**

**Entity Name:** FAMILY HEALTHCARE SOLUTIONS & MORE, INC.

**Current Principal Place of Business:**

7485 HOBSON ST NE  
ST. PETERSBURG, FL 33702

**New Principal Place of Business:**

**Current Mailing Address:**

204 37TH AVE NORTH  
BOX 320  
ST. PETERSBURG, 33704

**New Mailing Address:**

7485 HOBSON ST NE  
ST. PETERSBURG, FL 33702

**FEI Number:** 27-1606191

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SMITHSON, CARI  
7485 HOBSON ST NE  
ST. PETERSBURG, FL 33702 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:** HARRIS, CASI  
**Address:** 540 WEST PACIFIC AVE  
**City-St-Zip:** TELLURIDE, CO 81435

**Title:** VP  
**Name:** SMITHSON, CARI  
**Address:** 7485 HOBSON ST NE  
**City-St-Zip:** ST. PETERSBURG, FL 33702

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:** CASI HARRIS

P

04/23/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date