

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000014352

**Entity Name:** EHR SOLUTIONS INC

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

3043 BRACCI DRIVE  
ST. JAMES CITY, FL 33956

**New Principal Place of Business:**

3043 BRACCI DRIVE  
SUITE 200  
ST. JAMES CITY, FL 33956 UN

**Current Mailing Address:**

9042 SHAWN PARK PL  
ORLANDO, FL 32819 UN

**New Mailing Address:**

**FEI Number:** 58-2567542

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HUDGENS, SCOTT  
9042 SHAWN PARK PL  
ORLANDO, FL 32819 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: PD  
Name: HUDGENS, SCOTT  
Address: 9042 SHAWN PARK PL  
City-St-Zip: ORLANDO, FL 32819 UN

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: SCOTT HUDGENS

MR

01/05/2012

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

\_\_\_\_\_  
Date