2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2012
Secretary of State

DOCUMENT# P11000029518

Entity Name: MANAGED HEALTHCARE SOLUTIONS INC

Current Principal Place of Business:

20 WEST 49TH STREET
SUITE# B
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

20 WEST 49TH STREET
SUITE# B
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 45-1138956 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COWART, LON
20 WEST 49 STREET
SUITE #B
HIALEAH, FL 33012 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: SMITH, FABIOLA H
Address: 15756 SW 46 TERRACE
City-St-Zip: MIAMI, FL 33185

Title: VP
Name: COWART, CHRISTINA L
Address: 16450 SW 264 STREET
City-St-Zip: MIAMI, FL 33031

Title: S
Name: COWART, PATRICIA A
Address: 16450 SW 264 STREET
City-St-Zip: MIAMI, FL 33031

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: CHRISTINA COWART VP 04/13/2012

Electronic Signature of Signing Officer or Director — Date