

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000073967

FILED
Mar 05, 2012
Secretary of State

Entity Name: PATIENT HEALTHCARE SOLUTIONS, INC.

Current Principal Place of Business:

15511 NORTH FLORIDA AVENUE
SUITE D
TAMPA, FL 33613

New Principal Place of Business:

Current Mailing Address:

15511 NORTH FLORIDA AVENUE
SUITE D
TAMPA, FL 33613

New Mailing Address:

FEI Number: 45-3041262

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

IEZZI, ALAN J
15511 NORTH FLORIDA AVENUE
SUITE D
TAMPA, FL 33613 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: CH/C
Name: IEZZI, ALAN J
Address: 15511 NORTH FLORIDA AVENUE
City-St-Zip: TAMPA, FL 33613

Title: P
Name: CONNLEY, GEORGE
Address: 15511 NORTH FLORIDA AVENUE
City-St-Zip: TAMPA, FL 33613

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: ALAN J IEZZI

CH/C

03/05/2012

Electronic Signature of Signing Officer or Director

Date