

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000009701

FILED
Apr 25, 2006
Secretary of State

Entity Name: HEALTHHELP PROVIDER SERVICES, INC.

Current Principal Place of Business:

654 N SAM HOUSTON PKWY
STE 340
HOUSTON, TX 77060 US

New Principal Place of Business:

Current Mailing Address:

654 N SAM HOUSTON PKWY
STE 340
HOUSTON, TX 77060 US

New Mailing Address:

FEI Number: 76-0429755

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: CEO () Delete
Name: FARNSWORTH, CHERILL
Address: 654 N SAM HOUSTON PKWY
City-St-Zip: HOUSTON, TX 77060

Title: CFO () Delete
Name: MASHEK, EDWARD R
Address: 654 N SAM HOUSTON PKWY E STE 340
City-St-Zip: HOUSTON, TX 77060

Title: CMO () Delete
Name: ORRISON, WILLIAM DR
Address: 10700 N. FREEWAY, STE 900
City-St-Zip: HOUSTON, TX 77037

Title: D () Delete
Name: SHEEDY, CHARLES E
Address: TWO HOUSTON CENTER, NO. 2907
City-St-Zip: HOUSTON, TX 77010

Title: D () Delete
Name: HSU, CHARLES
Address: 128 CLARENDON AVE.
City-St-Zip: SAN FRANCISCO, CA 94114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CMO (X) Change () Addition
Name: ORRISON, WILLIAM DR
Address: 654 N SAM HOUSTON PKWY E STE 340
City-St-Zip: HOUSTON, TX 77060

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: EDWARD MASHEK

CFO

04/25/2006

Electronic Signature of Signing Officer or Director

_____ Date