

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000009701

FILED  
Jul 20, 2007  
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

## Current Mailing Address:

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

## New Principal Place of Business:

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

## New Mailing Address:

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

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete  
Name: FARNSWORTH, CHERRILL  
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: 654 N SAM HOUSTON PKWY E STE 340  
City-St-Zip: HOUSTON, TX 77060

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: CEO (X) Change ( ) Addition  
Name: FARNSWORTH, CHERRILL  
Address: 654 N SAM HOUSTON PKWY E SUITE 340  
City-St-Zip: HOUSTON, TX 77060

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

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

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 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: CHERRILL FARNSWORTH

CEOD

07/20/2007

Electronic Signature of Signing Officer or Director

Date