2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2010
Secretary of State

DOCUMENT# P94000009701

Entity Name: HEALTHHELP PROVIDER SERVICES, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

654 N SAM HOUSTON PKWY EAST
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: C
Name: FARNSWORTH, CHERRILL
Address: 654 N SAM HOUSTON PKWY EAST, SUITE 340
City-St-Zip: HOUSTON, TX 77060 US

Title: D
Name: ORRISON, WILLIAM
Address: 654 N SAM HOUSTON PKWY E, SUITE 340
City-St-Zip: HOUSTON, TX 77060 US

Title: D
Name: SHEEDY, CHARLES
Address: 654 N SAM HOUSTON PKWY E, SUITE 340
City-St-Zip: HOUSTON, TX 77060 US

Title: D
Name: HSU, CHARLES
Address: 654 N SAM HOUSTON PKWY E, SUITE 340
City-St-Zip: HOUSTON, TX 77060 US

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: CHERRILL FARNSWORTH C 02/18/2010

Electronic Signature of Signing Officer or Director Date