

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000020759

FILED
Apr 14, 2009
Secretary of State

Entity Name: CREATIVE HEALTHCARE SOLUTIONS, INC.

Current Principal Place of Business:

4400 N. FEDERAL HWY.
401
BOCA RATON, FL 33431

New Principal Place of Business:

21301 POWERLINE ROAD
GROVE CENTER, SUITE #215
BOCA RATON, FL 33433

Current Mailing Address:

4400 N FED HWY
401
BOCA RATON, FL 33431

New Mailing Address:

PO BOX 880615
BOCA RATON, FL 33488

FEI Number: 65-0486748

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HIDAY, NEDRA
4400 N FED HWY
STE 401
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

HIDAY, NEDRA L
21301 POWERLINE ROAD
GROVE CENTER, SUITE #215
BOCA RATON, FL 33433 US

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: NEDRA L. HIDAY

04/14/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HIDAY, NEDRA
Address: 4400 N FED HWY STE 401
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HIDAY, NEDRA L
Address: PO BOX 880615
City-St-Zip: BOCA RATON, FL 33488

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: NEDRA L. HIDAY

PD

04/14/2009

Electronic Signature of Signing Officer or Director

Date