2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000052928

Entity Name: BASELINE TELEHEALTH, INC.

FILED Jan 04, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
2030 POWERS FERRY ROAD SUITE 134 ATLANTA, GA 30339								
Current Mailing Address:				New Mailing Address:				
2030 POWERS FERRY ROAD SUITE 134 ATLANTA, GA 30339								
FEI Number: 59-3332588 FEI Number Applied For () FEI Num			FEI Number	mber Not Applicable () Certificate of Status Desired (X)				
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
FARR, JAMES 1502 W. FLETCHER AVE. TAMPA, FL 33612 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:								
Electronic Signature of Registered Agent							Date	
Election Cam	paign Financing 1	Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:			ΑC	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	CD () D HOGGLE, JOHN 2030 POWERS F ATLANTA, GA 30	ERRY ROAD, SUITE 134			(() Change	() Addition	
Title: Name: Address: City-St-Zip:	PD ()D THORNE, JAMES 2030 POWERS F ATLANTA, GA 30	A ERRY ROAD, SUITE 134			(() Change	() Addition	
Title: Name: Address: City-St-Zip:	BAILEY, GORDOI	ERRY ROAD, SUITE 134	Add	me: dress:	BROWN, CAR	RS FERRY F	()Addition ROAD, SUITE 134	
Title: Name: Address: City-St-Zip:	D () D BROWN, CAREY 2030 POWERS F ATLANTA, GA 30	H ERRY ROAD, SUITE 134	Add	e: me: dress: y-St-Zip:	HOGAN, ROE	RS FERRY F	()Addition ROAD, SUITE 134	
Title: Name: Address: City-St-Zip:	D () D MOTTOLA, JAME 2030 POWERS F ATLANTA, GA 30	S VAN ERRY ROAD, SUITE 134	Add	e: me: dress: y-St-Zip:	HUGHES, BR	RS FERRY F	()Addition ROAD, SUITE 134	
Title: Name: Address: City-St-Zip:	TOENNES, MANF	ERRY ROAD, SUITE 134	Ado	e: me: dress: y-St-Zip:	JOYCE, THO	RS FERRY F	()Addition ROAD, SUITE 134	
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: JAMES A. THORNE PD 01/04/2008