

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000060347

Entity Name: WALL HEALTHCARE, INC.

FILED
Feb 19, 2010
Secretary of State

Current Principal Place of Business:

3001 EASTLAND BLVD
SUITE 2
CLEARWATER, FL 33761 US

Current Mailing Address:

3001 EASTLAND BLVD
SUITE 2
CLEARWATER, FL 33761 US

FEI Number: 59-3329229

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALL, DAVID
3001EASTLAND BLVD, ST 2
CLEARWATER, FL 33761 US

New Principal Place of Business:

1700 MCMULLEN BOOTH ROAD
SUITE A2-1
CLEARWATER, FL 33759 US

New Mailing Address:

1700 MCMULLEN BOOTH ROAD
SUITE A2-1
CLEARWATER, FL 33759 US

Name and Address of New Registered Agent:

WALL, DAVID
1700 MCMULLEN BOOTH ROAD
A2-1
CLEARWATER, FL 33759 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:

02/19/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DR
Name: WALL, DAVID M M.D.
Address: 1700 MCMULLEN BOOTH ROAD
City-St-Zip: CLEARWATER, FL 33759

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: DAVID M WALL

PRES

02/19/2010

Electronic Signature of Signing Officer or Director

Date