

2001 UNIFORM BUSINESS REPORT (UBR)

0065871 AV

DOCUMENT # P96000078621

1. Entity Name
ENTRUSTED HEALTH SOLUTIONS, INC.

FILED

02 APR -8 PM 5:01

REINSTATEMENT



DO NOT WRITE IN THIS SPACE

01-02

Principal Place of Business
1111 NORTH WESTSHORE BLVD., SUITE 608
STE 603
TAMPA FL 33607
US

Mailing Address
1111 NORTH WESTSHORE BLVD., SUITE 608
STE 603
TAMPA FL 33607
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3404489

Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CUSACK, J
ONE MAST CENTER, 501 E KENNEDY
STE 1200
TAMPA FL 33602

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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 *James J. Cusack* 3/26/02
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DV
NAME AGLIANO, DENNIS S MD
STREET ADDRESS 4600 NORTH HABANA #23
CITY-ST-ZIP TAMPA FL 33614

TITLE
NAME 500005308295-9
STREET ADDRESS -04/19/02--01055--001
CITY-ST-ZIP *****150.00 *****150.00

TITLE DV
NAME BARNES, R. JOYCE PH. D.
STREET ADDRESS 634 RAMONA LN
CITY-ST-ZIP ORLANDO FL 32805

TITLE
NAME 500005308295-9
STREET ADDRESS -04/19/02--01055--002
CITY-ST-ZIP *****200.00 *****200.00

TITLE DV
NAME CUSACK, JAMES J ESQ
STREET ADDRESS 501 EAST KENNEDY BLVD. SUITE 1200
CITY-ST-ZIP TAMPA FL 33602

TITLE
NAME 500005308295-9
STREET ADDRESS -04/19/02--01055--003
CITY-ST-ZIP *****400.00 *****400.00

TITLE CP
NAME TRAPP, RICHARD G
STREET ADDRESS 8425 VALERIE LANE
CITY-ST-ZIP RIVERVIEW FL 33569

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME WILLIAMS, W C III MD
STREET ADDRESS 1100 CEDAR FORREST COURT
CITY-ST-ZIP GLEN ALLEN VA 23060

TITLE
NAME 500005308295-9
STREET ADDRESS -04/19/02--01055--004
CITY-ST-ZIP *****150.00 *****150.00

TITLE S
NAME MC WHIRTER, CAMILLEA
STREET ADDRESS 9481 HIGHLAND OAKS DR STE 307
CITY-ST-ZIP TAMPA FL 33647

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Richard G. Trapp* President/CEO 7/25/01 (813) 281-5665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)