

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90394 024 ***150.00

DOCUMENT # P96000078621		
1. Entity Name ENTRUSTED HEALTH SOLUTIONS, INC.		

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
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



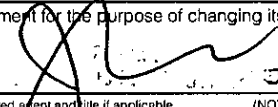
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4. FEI Number 59-3404489	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
CUSACK, J ONE MAST CENTER, 501 E KENNEDY STE 1200 TAMPA, FL 33602	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

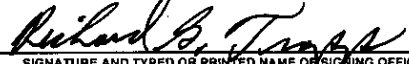
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida: I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  JAMES CUSACK	DATE 4/28/2004

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 □ □ □ □ □ □ □ □ □ □
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV AGLIANO, DENNIS S MD 4600 NORTH HABANA #23 TAMPA, FL 33614 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BARNES, R. JOYCE PH. D. 634 RAMONA LN ORLANDO, FL 32805 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CUSACK, JAMES J ESQ 501 EAST KENNEDY BLVD., SUITE 1200 TAMPA, FL 33602 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP TRAPP, RICHARD G 8425 VALERIE LANE RIVERVIEW, FL 33569 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, W C III MD 1100 CEDAR FORREST COURT GLEN ALLEN, VA 23060 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MC WHIRTER, CAMILLEA 9481 HIGHLAND OAKS DR STE 307 TAMPA, FL 33647 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  RICHARD G. TRAPP	DATE: 4/28/04	DAYTIME PHONE: (813) 281-5465
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