

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90076 019 ***150.00

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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

40012000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

01102007 Chg-P CR2E034 (12/06)

4. FEI Number
59-3404489

Applied For
Not Applicable

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when constituting) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. 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 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5105 N. ARMENIA AVE
CITY- ST- ZIP TAMPA FL 33603

TITLE DV
NAME BARNES, R. JOYCE PH. D.
STREET ADDRESS 2241 LAKE VIMA DRIVE
CITY- ST- ZIP ORLANDO, FL 32835 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE C
NAME TRAPP, RICHARD G
STREET ADDRESS 8431 VALRIE LANE
CITY- ST- ZIP RIVERVIEW, FL 33569 ☐ Delete

TITLE ☐ Change ☐ Addition
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 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE S
NAME MCWHIRTER, CAMILLE
STREET ADDRESS 3314 W LEONA STREET
CITY- ST- ZIP TAMPA, FL 33629 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Richard G. Trapp 23 Jun 07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #