

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

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**



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DV
NAME	AGLIANO, DENNIS S MD
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
TITLE	DV
NAME	CUSACK, JAMES J ESQ
STREET ADDRESS	501 EAST KENNEDY BLVD. SUITE 1200
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	C
NAME	TRAPP, RICHARD G
STREET ADDRESS	8431 VALRIE LANE
CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	D
NAME	WILLIAMS, W C III MD
STREET ADDRESS	1100 CEDAR FORREST COURT
CITY-ST-ZIP	GLEN ALLEN, VA 23060
TITLE	S
NAME	MCWHIRTER, CAMILLE
STREET ADDRESS	3314 WILSONA STREET
CITY-ST-ZIP	TAMPA, FL 33629

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02/20/08-80005-020 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD G. TRAPP

02/04/2008 813-281-5665

Date

Daytime Phone #