2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P96000078621

Entity Name: ENTRUSTED HEALTH SOLUTIONS, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

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

Current Mailing Address:

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

New Mailing Address:

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

FEI Number: 59-3404489 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DV ( ) Delete
Name: AGLIANO, DENNIS S MD
Address: 5105 N ARMENIA AVE
City-St-Zip: TAMPA, FL 33603

Title: DV ( ) Delete
Name: BARNES, R. JOYCE PH. D.
Address: 2241 LAKE VIMA DRIVE
City-St-Zip: ORLANDO, FL 32835

Title: DV ( ) Delete
Name: CUSACK, JAMES J ESQ
Address: 501 EAST KENNEDY BLVD. SUITE 1200
City-St-Zip: TAMPA, FL 33602

Title: C ( ) Delete
Name: TRAPP, RICHARD G
Address: 8431 VALRIE LANE
City-St-Zip: RIVERVIEW, FL 33569

Title: D ( ) Delete
Name: WILLIAMS, W C III MD
Address: 1100 CEDAR FORREST COURT
City-St-Zip: GLEN ALLEN, VA 23060

Title: S ( ) Delete
Name: MCWHIRTER, CAMILLE
Address: 3314 W LEONA STREET
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RICHARD G. TRAPP CEO 04/30/2009

Electronic Signature of Signing Officer or Director Date