

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000078621

FILED
Aug 24, 2011
Secretary of State

Entity Name: ENTRUSTED HEALTH SOLUTIONS, INC.

Current Principal Place of Business:

3350 BUSCHWOOD PARK DRIVE
STE 120
TAMPA, FL 33618 US

New Principal Place of Business:

6105 J MEMORIAL HWY.
TAMPA, FL 33615 US

Current Mailing Address:

3350 BUSCHWOOD PARK DRIVE
STE 120
TAMPA, FL 33618 US

New Mailing Address:

6105 J MEMORIAL HWY.
TAMPA, FL 33615 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

OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: RICHARD G. TRAPP

C

08/24/2011

Electronic Signature of Signing Officer or Director

Date