

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000078621

FILED
Mar 06, 2012
Secretary of State

Entity Name: ENTRUSTED HEALTH SOLUTIONS, INC.

Current Principal Place of Business:

6105 J MEMORIAL HWY.
TAMPA, FL 33615 US

New Principal Place of Business:

Current Mailing Address:

6105 J MEMORIAL HWY.
TAMPA, FL 33615 US

New Mailing Address:

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:

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

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: JAMES CUSACK

03/06/2012

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: JAMES CUSACK

DV

03/06/2012

Electronic Signature of Signing Officer or Director

Date