

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000078922

FILED
Apr 21, 2005
Secretary of State

Entity Name: INDUSTRIAL HEALTH SOLUTIONS, P.A.

Current Principal Place of Business:

3079 SW MARTIN DOWNS BLVD
PALM CITY, FL 34990 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 680
PALM CITY, FL 34991 US

New Mailing Address:

FEI Number: 59-3401720

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANSBROUGH, BRUCE A
3079 S.W. MARTIN DOWNS BLVD
PALM CITY, FL 34990 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: PD () Delete
Name: HANSBROUGH, BRUCE A
Address: 3079 SW MARTIN DOWNS BLVD
City-St-Zip: PALM CITY, FL 34990

Title: VP () Delete
Name: HANSBROUGH, NANCY
Address: 11764 SW VALENCIA CT
City-St-Zip: PALM CITY, FL 34990

Title: S () Delete
Name: MORSE, PATRICIA
Address: 1728 SHOSHONEE TR
City-St-Zip: CASSELBERRY, FL 32707

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BRUCE A. HANSBROUGH

PD

04/21/2005

Electronic Signature of Signing Officer or Director

Date