

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000007977

FILED
Feb 29, 2008
Secretary of State

Entity Name: ELECTRONIC HEALTHCARE SOLUTIONS, INC.

Current Principal Place of Business:

16302 69TH STREET NORTH
LOXAHATCHEE, FL 33470

New Principal Place of Business:

Current Mailing Address:

16302 69TH STREET NORTH
LOXAHATCHEE, FL 33470

New Mailing Address:

FEI Number: 65-0906442

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANZALONE, PETER J
16302 69TH STREET NORTH
LOXOHATCHEE, FL 33470 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: P () Delete
Name: ANZALONE, PETER J
Address: 16302 69TH STREET NORTH
City-St-Zip: LOXOHATCHEE, FL 33470

Title: ST () Delete
Name: ANZALONE, MURINE A
Address: 16302 69TH STREET NORTH
City-St-Zip: LOXOHATCHEE, FL 33470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: PETER J ANZALONE

P

02/29/2008

Electronic Signature of Signing Officer or Director

Date