

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S09037

FILED
Mar 30, 2009
Secretary of State

Entity Name: IMPACT HEALTHCARE SERVICES, INC.

Current Principal Place of Business:

341 N. MAITLAND AVENUE
SUITE 210
MAITLAND, FL 32751 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 940759
MAITLAND, FL 327940759 US

New Mailing Address:

FEI Number: 59-3034109 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KELLY, DARWIN P JR
IMPACT HEALTHCARE SERVICES INC
341 N. MAITLAND AVENUE SUITE 210
MAITLAND, FL 32751 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: PSC () Delete
Name: KELLY, DARWIN P JR
Address: 2315 PARK MAITLAND CT.
City-St-Zip: MAITLAND, FL 32751 US

Title: D () Delete
Name: MARTIN, WILLIAM A
Address: 935 FAIRWAY DR.
City-St-Zip: WINTER PARK, FL 32792 US

Title: VAS () Delete
Name: NOELL, PAMELA G
Address: 1437 DEER LAKE CIRCLE
City-St-Zip: APOPKA, FL 32712 US

Title: D () Delete
Name: BLACKADAR, DON
Address: 988 HIGHWAY 427 N.
City-St-Zip: LONGWOOD, FL 32750 US

Title: D () Delete
Name: CUTHILL, R.W. JR
Address: 1820 TAYLOR AVE
City-St-Zip: WINTER PARK, FL 32789

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: D (X) Change () Addition
Name: BLACKADAR, DON
Address: 1436 N RONALD REAGAN BLVD
City-St-Zip: LONGWOOD, FL 32750 US

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: PAMELA G NOELL

VAS

03/30/2009

Electronic Signature of Signing Officer or Director

_____ Date