

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S09037

FILED
Mar 17, 2010
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
Name: KELLY, DARWIN P JR
Address: 341 N MAITLAND AVENUE #210
City-St-Zip: MAITLAND, FL 32751 US

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

Title: VAS
Name: NOELL, PAMELA G
Address: 341 N MAITLAND AVENUE #210
City-St-Zip: MAITLAND, FL 32751 US

Title: D
Name: BLACKADAR, DONALD
Address: 1436 N RONALD REAGAN BLVD
City-St-Zip: LONGWOOD, FL 32750 US

Title: D
Name: CUTHILL, R. W JR
Address: 341 N MAITLAND AVENUE #210
City-St-Zip: MAITLAND, FL 32751

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: PAMELA G NOELL

VAS

03/17/2010

Electronic Signature of Signing Officer or Director

Date