2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V60475

FILED Jan 11, 2008 Secretary of State

Entity Name: EVOLUTIONS HEALTHCARE SYSTEMS, INC.

Current P	rincipal Place	of Busii	ness:	New Principal Plac	e of Business:
	LUTION WAY RT RICHEY, FL	34655	US	7916 EVOLUTION W SUITE 200	
				NEW PORT RICHE	Y, FL 34655 US
Current M	ailing Addres	s:		New Mailing Addre	ss:
P.O. BOX NEW POR	5001 RT RICHEY, FL	34656	US		
El Number	: 59-3139483	FEI Nun	nber Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
lame and	Address of C	urrent R	egistered Agent:	Name and Address	of New Registered Agent:
106 SEA			US		
he above				ourpose of changing its register	red office or registered agent, or bot
he above the State	named entity s e of Florida.			ourpose of changing its register	red office or registered agent, or bot
he above the State	named entity s e of Florida. RE:	ubmits th	nis statement for the p		
The above of the State	named entity s e of Florida. RE: Electroni	ubmits th			red office or registered agent, or bot Date
The above the State SIGNATUR	named entity s e of Florida. RE: Electroni	ubmits th c Signat Trust Fur	nis statement for the pure of Registered Ag	ent	
The above the State SIGNATUR	named entity set of Florida. RE: Electronic mpaign Financing	c Signat Trust Fur FORS: Delete LEN DR	nis statement for the pure of Registered Agrand Contribution ().	ent	Date
The above to the State of the S	named entity set of Florida. RE: Electronic mpaign Financing S AND DIRECT P () CRANFORD, AL 6106 SEASIDE INEW PORT RIC	c Signat Trust Fur FORS: Delete LEN DR HEY, FL : Delete LEN K DR	nis statement for the pure of Registered Agrand Contribution ().	ent ADDITIONS/CHANG Title: Name: Address:	Date GES TO OFFICERS AND DIRECTO

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: ALLEN CRANFORD PRES 01/11/2008