

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V60475

FILED
Jan 29, 2009
Secretary of State

Entity Name: EVOLUTIONS HEALTHCARE SYSTEMS, INC.

Current Principal Place of Business:

7916 EVOLUTION WAY
SUITE 200
NEW PORT RICHEY, FL 34655 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5001
NEW PORT RICHEY, FL 34656 US

New Mailing Address:

FEI Number: 59-3139483

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRANFORD, ALLEN PRES.
6106 SEASIDE DR
NEW PORT RICHEY, FL 34652 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: CRANFORD, ALLEN
Address: 6106 SEASIDE DR
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: V () Delete
Name: CRANFORD, ALLEN K
Address: 6106 SEASIDE DR
City-St-Zip: NEW PORT RICHEY, FL

Title: S () Delete
Name: CRANFORD, ALLEN
Address: 6106 SEASIDE DR
City-St-Zip: NEW PORT RICHEY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: CRANFORD, ALLEN K
Address: 6106 SEASIDE DR
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: S (X) Change () Addition
Name: CRANFORD, ALLEN
Address: 6106 SEASIDE DR
City-St-Zip: NEW PORT RICHEY, FL 34652

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 K. CRANFORD

PRES

01/29/2009

Electronic Signature of Signing Officer or Director

Date