

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V60475

FILED
Mar 07, 2011
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

Current Mailing Address:

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

New Principal Place of Business:

7916 EVOLUTIONS WAY
SUITE 200
NEW PORT RICHEY, FL 34655 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:

CRANFORD, ALLEN K PRES.
6106 SEASIDE DR
NEW PORT RICHEY, FL 34652 US

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: ALLEN K. CRANFORD

03/07/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: CRANFORD, ALLEN K
Address: 6106 SEASIDE DR
City-St-Zip: NEW PORT RICHEY, FL 34652

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

Title: S
Name: CRANFORD, ALLEN K
Address: 6106 SEASIDE DR
City-St-Zip: NEW PORT RICHEY, FL 34652

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: ALLEN K. CRANFORD

P

03/07/2011

Electronic Signature of Signing Officer or Director

Date