## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F08000003177

Entity Name: WHITECH MEDICAL SOLUTIONS

1575 CHATTANOOGA AVE SUITE 2

DALTON, GA 30720

Address: City-St-Zip: FILED Aug 19, 2009 Secretary of State

Entity Name: WHITECH MEDICAL SOLUTIONS INC.					
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
1575 CHA <sup>-</sup> DALTON, (	TTANOOGA A GA 30720	AVE SUITE 2			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
1575 CHAT DALTON, (	TTANOOGA A GA 30720	AVE SUITE 2			
FEI Number:	58-2658772	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of (	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
WHITE, APRIL 4651 SALISBURY RD 4TH FLOOR JACKSOVNILLE, FL 32256 US			WHITE, APRIL 6326 ENDELSTON LN JACKSOVNILLE, FL 33		
	named entity of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE: APRIL WHITE				08/19/2009	
	Electro	nic Signature of Registered Age	ent	Date	
		93(2)(b), F.S., the corporation did no	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	WHITE, JEFFE	NOOGA AVE SUITE 2	Title: Name: Address: City-St-Zip:	( ) Change( ) Addition	
Title: Name: Address: City-St-Zip:	WHITE, CLAR	NOOGA AVE SUITE 2	Title: Name: Address: City-St-Zip:	( ) Change()Addition	
Title: Name:	ST ( WHITE, APRIL	) Delete	Title: Name:	( ) Change ( ) Addition	

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.

Address:

City-St-Zip:

SIGNATURE: CLARA WHITE V 08/19/2009