

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000078621

Entity Name: ENTRUSTED HEALTH SOLUTIONS, INC.

Current Principal Place of Business:

27035 FOAMFLOWER BLVD
WESLEY CHAPEL, FL 33544

Current Mailing Address:

PO BOX 270591
TAMPA, FL 33688 US

FEI Number: 59-3404489

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROCATO, FRANK M
27035 FOAMFLOWER BLVD
WESLEY CHAPEL, FL 33544 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: FRANK M. BROCATO

04/30/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DV
Name AGLIANO, DENNIS SMD
Address 5105 N ARMENIA AVE
City-State-Zip: TAMPA FL 33603

Title DV
Name CUSACK, JAMES JESQ
Address 501 EAST KENNEDY BLVD. SUITE
1200
City-State-Zip: TAMPA FL 33602

Title D
Name BROCATO, FRANK M. DR.
Address 27035 FOAMFLOWER BLVD
City-State-Zip: WESLEY CHAPEL FL 33544

Title DV
Name BARNES, R. JOYCE PH. D.
Address 2241 LAKE VIMA DRIVE
City-State-Zip: ORLANDO FL 32835

Title C
Name TRAPP, RICHARD G
Address 8431 VALRIE LANE
City-State-Zip: RIVERVIEW FL 33569

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: FRANK BROCATO

04/30/2019

Electronic Signature of Signing Officer/Director Detail

Date