

2015 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:

CUSACK, JAMES
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:

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	WILLIAMS, W CIII MD
Address	1100 CEDAR FORREST COURT
City-State-Zip:	GLEN ALLEN VA 23060

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: RICHARD TRAPP

PRESIDENT

03/25/2015

Electronic Signature of Signing Officer/Director Detail

Date