

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000043899

Entity Name: VERITASHEALTHCARE, INC.

FILED
Feb 03, 2005
Secretary of State

Current Principal Place of Business:

17 W CEDAR ST STE 1
PENSACOLA, FL 32501

New Principal Place of Business:

17 W CEDAR ST STE 1
PENSACOLA, FL 32502

Current Mailing Address:

17 W CEDAR ST STE 1
PENSACOLA, FL 32501

New Mailing Address:

17 W CEDAR ST STE 1
PENSACOLA, FL 32502

FEI Number: 77-0596376

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICKELSEN, ERIC J
17 W CEDAR ST STE 1
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

NICKELSEN, ERIC J
17 W CEDAR ST STE 1
PENSACOLA, FL 32502 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:

02/03/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: NICKELSON, ERIC J
Address: 17 W CEDAR ST STE 1
City-St-Zip: PENSACOLA, FL 32501

Title: P () Delete
Name: ANDERSON, NIELS
Address: 17 W CEDAR ST STE 1
City-St-Zip: PENSACOLA, FL 32501

Title: VP () Delete
Name: O'SULLIVAN, J. MORT
Address: 316 S BAYLEN ST STE 200
City-St-Zip: PENSACOLA, FL 32501

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST (X) Change () Addition
Name: NICKELSEN, ERIC J
Address: 17 W CEDAR ST STE 1
City-St-Zip: PENSACOLA, FL 32502

Title: P (X) Change () Addition
Name: ANDERSEN, NIELS
Address: 17 W CEDAR ST STE 1
City-St-Zip: PENSACOLA, FL 32502

Title: VP (X) Change () Addition
Name: O'SULLIVAN, J. MORT
Address: 316 S BAYLEN ST STE 200
City-St-Zip: PENSACOLA, FL 32502

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: NIELS ANDERSEN

P

02/03/2005

Electronic Signature of Signing Officer or Director

Date