

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000043899

Entity Name: VERITASHEALTHCARE, INC.

FILED  
Mar 14, 2007  
Secretary of State

## Current Principal Place of Business:

4700 BAYOU BLVD  
STE 1A  
PENSACOLA, FL 32503

## New Principal Place of Business:

4400 BAYOU BLVD  
STE 12  
PENSACOLA, FL 32503

## Current Mailing Address:

4700 BAYOU BLVD  
STE 1A  
PENSACOLA, FL 32503

## New Mailing Address:

4400 BAYOU BLVD  
STE 12  
PENSACOLA, FL 32503

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 WEST CEDAR ST  
STE 3  
PENSACOLA, FL 32502 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: ST ( ) Delete  
Name: NICKELSEN, ERIC J  
Address: 17 W CEDAR ST STE 3  
City-St-Zip: PENSACOLA, FL 32502

Title: P ( ) Delete  
Name: ANDERSEN, NIELS  
Address: 4700 BAYOU BLVD, SUITE 1A  
City-St-Zip: PENSACOLA, FL 32503

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: ANDERSEN, NIELS  
Address: 4400 BAYOU BLVD, SUITE 12  
City-St-Zip: PENSACOLA, FL 32503

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: NIELS K. ANDERSEN

CEO

03/14/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date