


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000043899		
1. Entity Name VERITASHEALTHCARE, INC.		

Principal Place of Business 4400 BAYOU BLVD STE 12 PENSACOLA, FL 32503	Mailing Address 4400 BAYOU BLVD STE 12 PENSACOLA, FL 32503
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DO NOT WRITE IN THIS SPACE



01282008 No Chg-P CR2E034 (11/05)

4. FEI Number 77-0596376	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
NICKELSEN, ERIC J 17 WEST CEDAR ST STE 3 PENSACOLA, FL 32502	

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IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST NICKELSEN, ERIC J 17 W CEDAR ST STE 3 PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDERSEN, NIELS 4400 BAYOU BLVD, SUITE 12 PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP O'SULLIVAN, J. MORT 316 S BAYLEN ST STE 200 PENSACOLA, FL 32502
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04/10/08-80062-011-150:00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____	3/25/08	850-477-2475
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>