

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000037212

FILED
Apr 25, 2007
Secretary of State

Entity Name: FREEDOM HEALTH, INC.

Current Principal Place of Business:

2955 SE 3RD CT
OCALA, FL 34471

New Principal Place of Business:

5501 49TH STREET NORTH
ST PETERSBURG, FL 33709

Current Mailing Address:

2955 SE 3RD CT
OCALA, FL 34471

New Mailing Address:

PO BOX 152697
TAMPA, FL 33684

FEI Number: 41-2128275

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAGIDIPATI, SIDDHARTHA
1321 SW 42ND ST
OCALA, FL 34474 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: O () Delete
Name: PAGIDIPATI, DEVAIAH M D
Address: 2955 SE 3RD CT
City-St-Zip: Ocala, FL 34471

Title: D () Delete
Name: PAGIDIPATI, SIDDHARTHA
Address: 1321 SW 42ND STREET
City-St-Zip: Ocala, FL 34474

Title: D () Delete
Name: PAGIDIPATI, SRUJANI
Address: 229 SW 23RD TERRACE
City-St-Zip: GAINESVILLE, FL 32607

Title: D () Delete
Name: RAO, KRISHNA P
Address: 1133 SE 18TH PLACE #1
City-St-Zip: Ocala, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: SIDDHARTHA PAGIDIPATI

D

04/25/2007

Electronic Signature of Signing Officer or Director

Date