

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000043899

**Entity Name:** VERITASHEALTHCARE, INC.

**Current Principal Place of Business:**

4400 BAYOU BLVD  
STE 12  
PENSACOLA, FL 32503

**Current Mailing Address:**

4400 BAYOU BLVD  
STE 12  
PENSACOLA, FL 32503

**FEI Number:** 77-0596376

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NICKELSEN, ERIC J  
17 WEST CEDAR ST  
STE 3  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

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

Title           P  
Name           ANDERSEN, NIELS  
Address        4400 BAYOU BLVD, SUITE 12  
City-State-Zip: PENSACOLA FL 32503

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

*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:** NIELS ANDERSEN

**PRESIDENT**

**04/22/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date