

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005562

Entity Name: VISTAPHARM, INC.

FILED  
Jan 15, 2009  
Secretary of State

## Current Principal Place of Business:

2224 CAHABA VALLEY DR.  
STE B3  
BIRMINGHAM, AL 35242

## New Principal Place of Business:

## Current Mailing Address:

130 INVERNESS PLAZA, #122  
BIRMINGHAM, AL 35242

## New Mailing Address:

FEI Number: 63-1195016

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FREEMAN, JOHN  
7265 ULMERTON RD  
LARGO, FL 33771 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: CEO ( ) Delete  
Name: SCHUTTLE, JOHN L  
Address: 130 INVERNESS PLAZA, #122  
City-St-Zip: BIRMINGHAM, AL 35242

Title: V ( ) Delete  
Name: RICE, ROBERT J  
Address: 130 INVERNESS PLAZA, #122  
City-St-Zip: BIRMINGHAM, AL 35242

Title: CFO ( ) Delete  
Name: FREEMAN, JOHN D  
Address: 130 INVERNESS PLAZA, #122  
City-St-Zip: BIRMINGHAM, AL 35242

Title: D ( ) Delete  
Name: CARILLO, FRANK J  
Address: 570 GRAND AVE  
City-St-Zip: ENGLEWOOD, NJ 07631

Title: D ( ) Delete  
Name: FISHMAN, MORRIS  
Address: 2725 VIA CAPRINANI  
City-St-Zip: CLEARWATER, FL 33764

Title: D ( ) Delete  
Name: JONES, J. WILLIAM  
Address: 710 WHETSTONE ST  
City-St-Zip: MONROEVILLE, AL 36460

## 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:

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: JOHN FREEMAN

CFO

01/15/2009

Electronic Signature of Signing Officer or Director

Date