

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004219

FILED
Apr 11, 2007
Secretary of State

Entity Name: HIGHTOWER MEDICAL SYSTEMS, INCORPORATED

Current Principal Place of Business:

510 NE 291 HIGHWAY
LEE'S SUMMIT, MO 64086

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2070
LEE'S SUMMIT, MO 64063

New Mailing Address:

FEI Number: 58-2167678

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AGENTS AND CORPORATIONS, INC.
773 4TH AVE., STE. E
NAPLES, FL 34102 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: P () Delete
Name: HIGHTOWER, MICHAEL C.
Address: 503 NW TIMBER RIDGE TRL
City-St-Zip: LEE'S SUMMIT, MO 64081

Title: S () Delete
Name: HIGHTOWER, KELLEY L.
Address: 503 NW TIMBER RIDGE TRL
City-St-Zip: LEE'S SUMMIT, MO 64081

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: MICHAEL C HIGHTOWER

PRES

04/11/2007

Electronic Signature of Signing Officer or Director

Date