


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F06000004797</b> 1. Entity Name SKYLIGHT HEALTHCARE SYSTEMS, INC.	
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Principal Place of Business 12777 HIGH BLUFF DR SUITE 150 SAN DIEGO, CA 92130	Mailing Address 12777 HIGH BLUFF DR SUITE 150 SAN DIEGO, CA 92130
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**DO NOT WRITE IN THIS SPACE**



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number 41-1943682	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000596902 01/24/07-80014-023 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCEO SCHOFIELD, DAVID J 12777 HIGH BLUFF DR SUITE 150 SAN DIEGO, CA 92130
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHOFIELD, DAVID J 12777 HIGH BLUFF DR SUITE 150 SAN DIEGO, CA 92130
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFOS FITZPATRICK, JACK 12777 HIGH BLUFF DR SUITE 150 SAN DIEGO, CA 92130
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DREYFOUS, JIM 12777 HIGH BLUFF DR SUITE 150 SAN DIEGO, CA 92130
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GROTTEING, JOHN 12777 HIGH BLUFF DR SUITE 150 SAN DIEGO, CA 92130
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HANOVER, KEN 12777 HIGH BLUFF DR SUITE 150 SAN DIEGO, CA 92130

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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:** JACK FITZPATRICK 1/15/07 858-523-3700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #