

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004797

FILED
Jan 27, 2012
Secretary of State

Entity Name: SKYLIGHT HEALTHCARE SYSTEMS, INC.

Current Principal Place of Business:

10935 VISTA SORRENTO PKWY
SUITE 350
SAN DIEGO, CA 92130

New Principal Place of Business:

Current Mailing Address:

10935 VISTA SORRENTO PKWY
SUITE 350
SAN DIEGO, CA 92130

New Mailing Address:

FEI Number: 41-1943682

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

Title: PCEO
Name: KLOPACK, THOMAS
Address: 10935 VISTA SORRENTO PKWY STE 350
City-St-Zip: SAN DIEGO, CA 92130

Title: D
Name: KLOPACK, THOMAS
Address: 10935 VISTA SORRENTO PKWY STE 350
City-St-Zip: SAN DIEGO, CA 92130

Title: CFOS
Name: FITZPATRICK, JACK
Address: 10935 VISTA SORRENTO PKWY STE 350
City-St-Zip: SAN DIEGO, CA 92130

Title: D
Name: DREYFOUS, JIM
Address: 10935 VISTA SORRENTO PKWY STE 350
City-St-Zip: SAN DIEGO, CA 92130

Title: D
Name: MILDER, DONALD
Address: 10935 VISTA SORRENTO PKWY STE 350
City-St-Zip: SAN DIEGO, CA 92130

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: JACK FITZPATRICK

CFO

01/27/2012

Electronic Signature of Signing Officer or Director

Date