

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H48628

Entity Name: ORION HEALTH SYSTEMS, INC.

FILED  
Apr 11, 2007  
Secretary of State

## Current Principal Place of Business:

2620 SE MARICAMP ROAD  
OCALA, FL 32671

## New Principal Place of Business:

2140 NE 36TH AVENUE  
BLDG 300  
OCALA, FL 34470

## Current Mailing Address:

1190 SE 17TH ST  
OCALA, FL 32671

## New Mailing Address:

2140 NE 36TH AVENUE  
BLDG 300  
OCALA, FL 34470

FEI Number: 59-2503469

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHUTES, RICK W  
1190S E 17TH ST.  
OCALA, FL 34471 US

## Name and Address of New Registered Agent:

SHUTES, RICK W  
2140 NE 36TH AVENUE  
BLDG 300  
OCALA, FL 34470 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: RICHARD SHUTES

04/11/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete  
Name: SHUTES, RICHARD W.,  
Address: 1190 SE 17TH ST  
City-St-Zip: OCALA, FL 34471

Title: VD ( ) Delete  
Name: KNISLEY, KENT  
Address: 1190 SE 17TH ST  
City-St-Zip: OCALA, FL 34471

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition  
Name: SHUTES, RICHARD W.,  
Address: 2584 NEWFOUND HARBOR DRIVE  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: VD (X) Change ( ) Addition  
Name: KNISLEY, KENT  
Address: 2140 NE 36TH AVENUE B300  
City-St-Zip: OCALA, FL 34470

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: RICHARD SHUTES

PSD

04/11/2007

Electronic Signature of Signing Officer or Director

Date