# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 16, 2009**
**Secretary of State**

DOCUMENT# H48628

**Entity Name:** ORION HEALTH SYSTEMS, INC.

**Current Principal Place of Business:**

2140 NE 36TH AVENUE
BLDG 300
OCALA, FL 34470

**New Principal Place of Business:**

1190 S.E. 17TH STREET
OCALA, FL 34471

**Current Mailing Address:**

2140 NE 36TH AVENUE
BLDG 300
OCALA, FL 34470

**New Mailing Address:**

1190 S.E. 17TH STREET
OCALA, FL 34471

**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
2140 NE 36TH AVENUE
BLDG 300
OCALA, FL 34470 US

**Name and Address of New Registered Agent:**

SHUTES, RICK W
1190 S.E. 17TH STREET
OCALA, FL 34471 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: 03/16/2009
Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

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

Title: VD ( ) Delete
Name: KNISLEY, KENT
Address: 3334 CAPITAL MEDICAL BLVD, SUITE 300
City-St-Zip: TALLAHASSEE, FL 32308

**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 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: DEBBIE TAYLOR ASST 03/16/2009
Electronic Signature of Signing Officer or Director — Date