

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000022375

FILED
Apr 29, 2005
Secretary of State

Entity Name: VERTICAL HEALTH SOLUTIONS, INC.

Current Principal Place of Business:

855 DUNBAR AVE
OLDSMAR, FL 34677

New Principal Place of Business:

Current Mailing Address:

PO BOX 818
OLDSMAR, FL 34677

New Mailing Address:

FEI Number: 59-3635262

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESQUIVEL, JULIO C ESQ
SHUMAKER, LOOP & KENDRICK, LLP
101 E. KENNEDY BLVD., SUITE 2800
TAMPA, FL 33602 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: DCEO () Delete
Name: WATTERS, STEPHEN M
Address: 855 DUNBAR AVE
City-St-Zip: OLDSMAR, FL 34677

Title: P () Delete
Name: NUGENT, BRIAN
Address: 855 DUNBAR AVE
City-St-Zip: OLDSMAR, FL 34677

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 Section 119.07(3)(i), 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: STEPHEN M. WATTERS

CEO

04/29/2005

Electronic Signature of Signing Officer or Director

Date