2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2007
Secretary of State

DOCUMENT# P00000022375

Entity Name: VERTICAL HEALTH SOLUTIONS, INC.

Current Principal Place of Business:

2595 TAMPA ROAD
E
PALM HARBOR, FL 34684

New Principal Place of Business:

630 BROOKER CREEK BLVD.
STE. 340
OLDSMAR, FL 34677

Current Mailing Address:

2595 TAMPA ROAD
E
PALM HARBOR, FL 34684

New Mailing Address:

630 BROOKER CREEK BLVD.
STE. 340
OLDSMAR, FL 34677

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DCEO ( ) Delete
Name: SHALEK, THADDEUS J
Address: 2595 TAMPA ROAD
City-St-Zip: PALM HARBOR, FL 34684

Title: D ( ) Delete
Name: WATTERS, STEPHEN M
Address: 630 BROOKER CREEK BLVD, SUITE 340
City-St-Zip: OLDSMAR, FL 34677

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition
Name: WATTERS, STEPHEN M
Address: 630 BROOKER CREEK BLVD., STE. 340
City-St-Zip: OLDSMAR, FL 34677

Title: D (X) Change ( ) Addition
Name: NUGENT, BRIAN T
Address: 630 BROOKER CREEK BLVD, SUITE 340
City-St-Zip: OLDSMAR, FL 34677

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: STEPHEN M. WATTERS CEO 08/22/2007

Electronic Signature of Signing Officer or Director — Date