2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90134 007 ***150.00

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DOCUMENT # P00000022375

1. Entity Name
VERTICAL HEALTH SOLUTIONS, INC.

Principal Place of Business	Mailing Address
6925 112TH CIRCLE N STE 102 LARGO FL 33773	6925 112TH CIRCLE N STE 102 LARGO FL 33773

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
855 Dunbar Ave	PO Box #818
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Oldsmar, FL	City & State: Oldsmar, FL
Zip: 34677 Country: USA	Zip: 34677 Country: USA

4. FEI Number 59-3635262 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ESQUIVEL, JULIO C ESQ
SHUMAKER, LOOP & KENDRICK, LLP
101 E. KENNEDY BLVD., SUITE 2800
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO WATTERS, STEPHEN M 6925 112TH CIRCLE N STE 102 LARGO FL 33773	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO Watters, Stephen M. 855 Dunbar Avenue Oldsmar, FL 34677	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NUGENT, BRIAN 6925 112TH CIRCLE N STE 102 LARGO FL 33773	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Nugent, Brian 855 Dunbar Avenue Oldsmar, FL 34677	☑ Change ☐ Addition
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CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/28/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #