2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000051454

FILED Apr 23, 2007 Secretary of State

Entity Name: ACUITY HEALTH SOLUTIONS, INC.	
Current Principal Place of Business:	New Principal Place of Business:
13900 RIVER POST DRIVE MARYLAND HEIGHTS, MO 63043 US	13900 RIVERPORT DRIVE MARYLAND HEIGHTS, MO 63043 US
Current Mailing Address:	New Mailing Address:
13900 RIVER POST DRIVE MARYLAND HEIGHTS, MO 63043 US	13900 RIVERPORT DRIVE MARYLAND HEIGHTS, MO 63043 US
FEI Number: 20-5462647 FEI Number Applied For () FEI Number	mber Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US	
The above named entity submits this statement for the purpose on the State of Florida.	of changing its registered office or registered agent, or both,
SIGNATURE: Electronic Signature of Registered Agent	Date
Election Campaign Financing Trust Fund Contribution ().	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: P () Delete Name: MEFFE, DOMENIC Address: 13900 RIVER PORT DRIVE City-St-Zip: MARYLAND HEIGHTS, MO 63043	Title: DP (X) Change () Addition Name: LOWENBERG, DAVID Address: 6272 LEE VISTA BLVD City-St-Zip: ORLANDO, FL 32822

 Name:
 HOWARD, DONALD
 Name:
 HOWARD, DONALD

 Address:
 13900 RIVER PORT DRIVE
 Address:
 6272 LEE VISTA BLVD

 City-St-Zip:
 MARYLAND HEIGHTS, MO 63043
 City-St-Zip:
 ORLANDO, FL 32822

Title: () Delete Title: ASEC () Change (X) Addition

 Name:
 Name:
 ELLIOTT, KELLEY

 Address:
 Address:
 13900 RIVERPORT DRIVE

 City-St-Zip:
 City-St-Zip:
 MARYLAND HEIGHTS, MO 63043

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: KELLEY ELLIOTT ASEC 04/23/2007