2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007
Secretary of State

DOCUMENT# P09096

Entity Name: A4 HEALTH SYSTEMS, INC.

Current Principal Place of Business:

5501 DILLARD DR
CARY, NC 27511 US

New Principal Place of Business:

5501 DILLARD DR
CARY, NC 275189234 US

Current Mailing Address:

5501 DILLARD DR
CARY, NC 27511 US

New Mailing Address:

5501 DILLARD DR
CARY, NC 275189234 US

FEI Number: 56-0986374 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, STE 4
WESTON, FL 33331 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: PD ( ) Delete
Name: SHAPIRO, LEE
Address: 222 MERCHANDISE MART PLAZA, SUITE 2024
City-St-Zip: CHICAGO, IL 60654

Title: S ( ) Delete
Name: VANDENBERG, BRIAN
Address: 222 MERCHANDISE MART PLAZA, SUITE 2024
City-St-Zip: CHICAGO, IL 60654

Title: T ( ) Delete
Name: DAVIS, WILLIAM
Address: 222 MERCHANDISE MART PLAZA, SUITE 2024
City-St-Zip: CHICAGO, IL 60654

Title: D ( ) Delete
Name: TULLMAN, GLEN
Address: 222 MERCHANDISE MART PLAZA, SUITE 2024
City-St-Zip: CHICAGO, IL 60654

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 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: WILLIAM DAVIS T 01/19/2007

Electronic Signature of Signing Officer or Director Date