2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000101212

Entity Name: APPLETREE MEDICAL, INC.

FILED Apr 22, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1180 PONCE DE LEON BLVD. SUITE 401 CLEARWATER, FL 33756

Current Mailing Address: New Mailing Address:

1180 PONCE DE LEON BLVD. SUITE 401 CLEARWATER, FL 33756

FEI Number: 59-3608970 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LARAMEE, CHRISTINE
400 N INDIAN ROCKS RD
SUITE B
BELLEAIR BLUFFS, FL 33770 US
LARAMEE, CHRISTINE
1180 PONCE DE LEON BOULEVARD
SUITE 401
CLEARWATER, FL 33756 US

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: 04/22/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Name: CHRISTINE, LARAMEE Name: CHRISTINE, LARAMEE

Address: 400 N. INDIAN ROCKS ROAD, SUITE B Address: 1180 PONCE DE LEON BLVD, SUITE 401

City-St-Zip: BELLEAIR BLUFFS, FL 33770 City-St-Zip: CLEARWATER, FL 33756

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: CHRISTINE LARAMEE MGRM 04/22/2007