

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000003698

FILED  
Jun 24, 2011  
Secretary of State

**Entity Name:** VITALIZE CONSULTING SOLUTIONS, INC.

**Current Principal Place of Business:**

248 MAIN STREET  
SUITE 101  
READING, MA 01867

**New Principal Place of Business:**

**Current Mailing Address:**

248 MAIN STREET  
SUITE 101  
READING, MA 01867

**New Mailing Address:**

**FEI Number:** 46-0477095

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

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

NRAI SERVICES, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 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: SUZANNE CRYAN

06/24/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PCD  
Name: CERULLO, BRUCE A  
Address: 248 MAIN STREET, SUITE 101  
City-St-Zip: READING, MA 01867

Title: VP  
Name: FRALICK, MARY PAT  
Address: 248 MAIN STREET, SUITE 101  
City-St-Zip: READING, MA 01867

Title: ST  
Name: MOUNT, KARLA T  
Address: 248 MAIN STREET, SUITE 101  
City-St-Zip: READING, MA 01867

Title: D  
Name: BLACK, DARREN  
Address: 248 MAIN STREET, SUITE 101  
City-St-Zip: READING, MA 01867

Title: D  
Name: FLYNN, THOMAS J  
Address: 248 MAIN STREET, SUITE 101  
City-St-Zip: READING, MA 01867

Title: D  
Name: BERND, DAVE J  
Address: 248 MAIN STREET, SUITE 101  
City-St-Zip: READING, MA 01867

I hereby 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 all other like empowered.

SIGNATURE: KARLA T. MOUNT

ST

06/24/2011

Electronic Signature of Signing Officer or Director

Date