2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006
Secretary of State

DOCUMENT# 756562

Entity Name: HEALTH CENTRAL FOUNDATION, INC.

Current Principal Place of Business:

HEALTH CENTRAL
10000 WEST COLONIAL DRIVE
OCOEE, FL 34761 US

New Principal Place of Business:

Current Mailing Address:

10000 WEST COLONIAL DRIVE
OCOEE, FL 34761 US

New Mailing Address:

FEI Number: 59-2091206 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOULD, PAMELA
10000 WEST COLONIAL DRIVE
OCOEE, FL 34761 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

OFFICERS AND DIRECTORS:

Title: TRES ( ) Delete
Name: NICKENS, ANN
Address: P.O. BOX 206
City-St-Zip: HOWEY IN THE HILL, FL 34737

Title: CD ( ) Delete
Name: FAZIO, JR., LOUIS, JR.
Address: 11681 VICOLO LOOP
City-St-Zip: WINDERMERE, FL 34786

Title: SEC ( ) Delete
Name: BEHRENS, KAY
Address: 805 HAWKS BLF
City-St-Zip: CLERMONT, FL 34711

Title: PCD ( ) Delete
Name: THADEN, MYRON
Address: 12256 PARK AVENUE
City-St-Zip: WINDERMERE, FL 34786

Title: VCD ( ) Delete
Name: ZARGARI, JOHN
Address: 2650 S. MAGUIRE ROAD, STE A
City-St-Zip: OCOEE, FL 34761

Title: PRES ( ) Delete
Name: GOULD, PAMELA
Address: 2931SUNBITTERN CT
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TRES (X) Change ( ) Addition
Name: HARKER, KENNETH
Address: 12001 LAKE BUTLER BLVD.
City-St-Zip: WINDERMERE, FL 34786

Title: CD (X) Change ( ) Addition
Name: BEHRENS, KAY CHAIRMA
Address: 9401 WEST COLONIAL DRIVE
City-St-Zip: OCOEE, FL 34761

Title: SEC (X) Change ( ) Addition
Name: TYSON, LORI
Address: 12040 WALKER ROAD
City-St-Zip: WINTER GARDEN, FL 34787

Title: PCD (X) Change ( ) Addition
Name: FAZIO, LOUIS
Address: 11681 VICOLO LOOP
City-St-Zip: WINDERMERE, FL 34786

Title: VCD (X) Change ( ) Addition
Name: D'UVA, STINA
Address: 6701 FAIRWAY COVE
City-St-Zip: ORLANDO, FL 32835

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAMELA GOULD PRES 04/12/2006

Electronic Signature of Signing Officer or Director — Date