2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2008
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:

WEINBERG, WAYNE
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: T/TR ( ) Delete
Name: HARKER, KENNETH
Address: 12001 LAKE BUTLER BLVD.
City-St-Zip: WINDERMERE, FL 34786

Title: C/D ( ) Delete
Name: D'UVA, STINA CHAIRMA
Address: 6701 FAIRWAY COVE
City-St-Zip: ORLANDO, FL 32835

Title: SEC ( ) Delete
Name: STOUDENMIRE, STERLING IV
Address: 5027 TILDENS GROVE BLVD.
City-St-Zip: WINDERMERE, FL 34786

Title: V/C ( ) Delete
Name: TYSON, LORI
Address: 12040 WALKER ROAD
City-St-Zip: WINTER GARDEN, FL 34787

Title: PRES ( ) Delete
Name: WEINBERG, WAYNE
Address: 1278 TADSWORTH TERRACE
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: C/D (X) Change ( ) Addition
Name: BURSHAN, LORI TYSON CHAIRMA
Address: 12040 WALKER POND ROAD
City-St-Zip: WINTER GARDEN, FL 34787

Title: SEC (X) Change ( ) Addition
Name: LAUGHERY, KANDI J
Address: 5139 ISLEWORTH COUNTRY CLUB DRIVE
City-St-Zip: WINDERMERE, FL 34786

Title: V/C (X) Change ( ) Addition
Name: STOUDENMIRE, STERLING IV
Address: 5027 TILDEN GROVE BLVD
City-St-Zip: WINDERMERE, FL 34786

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

I hereby certify that the information supplied with this filing does not qualify 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: WAYNE WEINBERG PRES 01/15/2008

Electronic Signature of Signing Officer or Director — Date