2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#756562

FILED Jan 12, 2011 Secretary of State

Entity Name: HEALTH CENTRAL FOUNDATION, INC.

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

HEALTH CENTRAL 10000 WEST COLONIAL DRIVE OCOEE, FL 34761 US

Current Mailing Address: New Mailing Address:

10000 WEST COLONIAL DRIVE OCOEE, FL 34761 US

FEI Number: 59-2091206 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:

SYLVESTER, DAVID P 10000 WEST COLONIAL DRIVE OCOEE, FL 34761 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D/TR

Name: HARKER, KENNETH G

Address: 544 DOUGLAS EDWARD DRIVE

City-St-Zip: OCOEE, FL 34761

Title: D

Name: BURSHAN, LORI T

Address: 12040 WALKER POND ROAD City-St-Zip: WINTER GARDEN, FL 34787

Title: D/S

Name: RINEHART, JOHN

Address: 15241 EAST OAKLAND AVE. City-St-Zip: WINTER GARDEN, FL 34787

Title: D/PC

Name: STOUDENMIRE, STERLING IV Address: 5027 TILDEN GROVE BLVD City-St-Zip: WINDERMERE, FL 34786

Title: PRES

Name: SYLVESTER, DAVID P Address: 2 ROSEBERRY CT. City-St-Zip: OCOEE, FL 34761

Title: D/C

 Name:
 RICHARDS, LISA

 Address:
 6056 LEXINGTON PARK

 City-St-Zip:
 ORLANDO, FL 32819

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

SIGNATURE: DAVID P. SYLVESTER PRES 01/12/2011