

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001162

FILED
Jan 08, 2007
Secretary of State

Entity Name: HEALTH INTEGRATED, INC.

Current Principal Place of Business:

10008 N. DALE MABRY HIGHWAY, SUITE 214
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

10008 N. DALE MABRY HIGHWAY, SUITE 214
TAMPA, FL 33618

New Mailing Address:

FEI Number: 86-1052333 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TONEY, SAM D
10008 N. DALE MABRY HIGHWAY, SUITE 214
TAMPA, FL 33618 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VCST () Delete
Name: TONEY, SAM D
Address: 10008 N. DALE MABRY HIGHWAY, SUITE 214
City-St-Zip: TAMPA, FL 33618 CP

Title: CP () Delete
Name: PADDA, SHAN
Address: 10008 N. DALE MABRY HIGHWAY, SUITE 214
City-St-Zip: TAMPA, FL 33618

Title: BM () Delete
Name: DISALVO, MARK
Address: 248 PLEASANT ST
City-St-Zip: METHUEN, MA 01844

Title: PCOO () Delete
Name: WIGGINTON, STEVEN
Address: 10008 N DAL MABRY STE 214
City-St-Zip: TAMPA, FL 33618

Title: CFO () Delete
Name: BENDORATIS, THOMAS
Address: 10008 NORTH DALE MABRY SUITE 214
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: P (X) Change () Addition
Name: WIGGINTON, STEVEN
Address: 10008 N DAL MABRY STE 214
City-St-Zip: TAMPA, FL 33618

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

SIGNATURE: THOMAS M. BENDORAITIS

CFO

01/08/2007

Electronic Signature of Signing Officer or Director

_____ Date