2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2010
Secretary of State

DOCUMENT# F03000001162

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

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

Title: P
Name: WIGGINTON, STEVEN
Address: 10008 N. DALE MABRY SUITE 214
City-St-Zip: TAMPA, FL 33618

Title: CFO
Name: BENDORATIS, THOMAS
Address: 10008 N. DALE MABRY SUITE 214
City-St-Zip: TAMPA, FL 33618

Title: CIO
Name: WIGGINTON, CRAIG
Address: 10008 N. DALE MABRY SUITE 214
City-St-Zip: TAMPA, FL 33618

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: THOMAS BENDORAITIS CFO 01/15/2010

Electronic Signature of Signing Officer or Director Date