

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001162

FILED
Jan 11, 2012
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

OFFICERS AND DIRECTORS:

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

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

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

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

Title: DIR
Name: JOSEPH, MCNABB C
Address: 221 EAST FOURTH STREET, SUITE 2400
City-St-Zip: CINCINNATI, OH 45202 US

Title: DIR
Name: DAVID, LIPTAK J
Address: 515 MADISON AVENUE, 22ND FLOOR
City-St-Zip: NEW YORK, NY 10022 US

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: SAM D. TONEY

VCST

01/11/2012

Electronic Signature of Signing Officer or Director

Date