

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000000427

FILED  
Apr 07, 2006  
Secretary of State

Entity Name: HEALTH INITIATIVES, INC.

## Current Principal Place of Business:

3000 GOFFS FALLS RD  
MANCHESTER, NH 031110001 US

## New Principal Place of Business:

120 MONUMENT CIRCLE  
INDIANAPOLIS, IN 46204 US

## Current Mailing Address:

3000 GOFFS FALLS RD  
MANCHESTER, NH 031110001 US

## New Mailing Address:

120 MONUMENT CIRCLE  
INDIANAPOLIS, IN 46204 US

FEI Number: 02-0449033

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

INSURANCE COMMISSIONER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 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: PCD ( ) Delete  
Name: DORR, MARJORIE W  
Address: 370 BASSETT ROAD  
City-St-Zip: NORTH HAVEN, CT 06473

Title: T ( ) Delete  
Name: KRETSCHMER, R D  
Address: 120 MONUMENT CIRCLE  
City-St-Zip: INDIANAPOLIS, IN 46204

Title: D ( ) Delete  
Name: COLBY, DAVID C  
Address: 120 MONUMENT CIRCLE  
City-St-Zip: INDIANAPOLIS, IN 46204

Title: S ( ) Delete  
Name: PURCELL, NANCY L  
Address: 120 MONUMENT CIRCLE  
City-St-Zip: INDIANAPOLIS, IN 46204

Title: D ( ) Delete  
Name: BRALY, ANGELA F  
Address: 120 MONUMENT CIRCLE  
City-St-Zip: INDIANAPOLIS, IN 46204

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: LEWIS, DIJUANA  
Address: 370 BASSETT ROAD  
City-St-Zip: NORTH HAVEN, CT 06473

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: ( ) 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: NANCY L. PURCELL

S

04/07/2006

Electronic Signature of Signing Officer or Director

Date