


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90033 039 ***158.75

DOCUMENT # F03000001162					
1. Entity Name HEALTH INTEGRATED, INC.					
Principal Place of Business			Mailing Address		
10008 N. DALE MABRY HIGHWAY, SUITE 214 TAMPA, FL 33618			10008 N. DALE MABRY HIGHWAY, SUITE 214 TAMPA, FL 33618		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TONEY, SAM D 10008 N. DALE MABRY HIGHWAY, SUITE 214 TAMPA, FL 33618			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCST <input type="checkbox"/> Delete TONEY, SAM D 10008 N. DALE MABRY HIGHWAY, SUITE 214 TAMPA, FL 33618		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Jonathan Turk-Partner Northcoast Fund 140 South Dearborn, Suite 1620 Chicago, IL 60603	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP <input type="checkbox"/> Delete PADDA, SHAN 10008 N. DALE MABRY HIGHWAY, SUITE 214 TAMPA, FL 33618		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition David Liptak-West Broadway Interactive Capital 1370 Avenue of the Americas, 23rd Floor New York, NY 10019	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Michael K. Yuhas 10008 N. Dale Mabry, Suite 214 Tampa FL 33618	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Thomas Bendoraitis 10008 North Dale Mabry, Suite 214 Tampa FL 33618	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Carter McNabb-River Cities Capital Funds 221 East 4th Street, Suite 1700 Cincinnati, OH 45202-4151	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____			3/15/04 813-264-7577 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					