

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001162

Entity Name: HEALTH INTEGRATED, INC.**Current Principal Place of Business:**10008 N. DALE MABRY HIGHWAY
TAMPA, FL 33618**Current Mailing Address:**10008 N. DALE MABRY HIGHWAY
TAMPA, FL 33618 US**FEI Number:** 86-1052333**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TONEY, SAM D
10008 N. DALE MABRY HIGHWAY
TAMPA, FL 33618 US*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

Officer/Director Detail :

Title VC, SECRETARY
Name TONEY, SAM D
Address 10008 N. DALE MABRY HIGHWAY
City-State-Zip: TAMPA FL 33618

Title CHAIRMAN, CEO
Name PADDA, SHAN S
Address 10008 N. DALE MABRY HIGHWAY
City-State-Zip: TAMPA FL 33618

Title CFO
Name BENDORAITIS, THOMAS M
Address 10008 N. DALE MABRY HIGHWAY
City-State-Zip: TAMPA FL 33618

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

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

Title DIRECTOR
Name DISALVO, MARK S
Address 254 PLEASANT STREET
City-State-Zip: METHUEN MA 01844

Title DIRECTOR
Name KOBIELSKI, KEVIN J.
Address 257 W. GENESEE ST.
City-State-Zip: BUFFALO NY 14202

Title DIRECTOR
Name LUX, STEVEN F
Address 707 WEST AZEELE STREET
City-State-Zip: TAMPA FL 33606

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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 M. BENDORAITIS

CFO

01/16/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name FRIZZERA, CHARLENE
Address 15305 OLD FREDERICK ROAD
City-State-Zip: WOODBINE MD 21797

Title DIRECTOR
Name FLUEGEL, BRADLEY M
Address 108 WILMOT ROAD, MS #1858
City-State-Zip: DEERFIELD IL 60015