2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2016
Secretary of State
CC2690072248

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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: Yes

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

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

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

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

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

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

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

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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: SAM D. TONEY — SECRETARY-VICE CHAIRMAN — 01/22/2016

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	CRAREN, THOMAS J
Address	416 GREENWICH STREET UNIT 1C
City-State-Zip:	NEW YORK NY 10013

Title	TREASURER
Name	EDWARDS, KAREN LYNN
Address	10008 N. DALE MABRY HIGHWAY
City-State-Zip:	TAMPA FL 33618