

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 16, 2005 08:00 AM
Secretary of State**

DOCUMENT # F03000001162

1. Entity Name
HEALTH INTEGRATED, INC.



Principal Place of Business

**10008 N. DALE MABRY HIGHWAY, SUITE 214
TAMPA, FL 33618**

Mailing Address

**10008 N. DALE MABRY HIGHWAY, SUITE 214
TAMPA, FL 33618**



02082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

86-1052333

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TONEY, SAM D
10008 N. DALE MABRY HIGHWAY, SUITE 214
TAMPA, FL 33618**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

**100000265578
03/16/05-80065-001 158.75**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCST
TONEY, SAM D
10008 N. DALE MABRY HIGHWAY, SUITE 214
TAMPA, FL 33618**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CP
PADDA, SHAN
10008 N. DALE MABRY HIGHWAY, SUITE 214
TAMPA, FL 33618**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**BM
TURK, JONATHAN
140 SOUTH DRARBORN, SUITE 1620
CHICAGO, IL 60603**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**BM
LIPTAK, DAVID
1370 AVE. OF THE AMERICAS 23RD FL.
NEW YORK, NY 10019**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
YUHAS, MICHAEL
10008 N. DALE MABRY SUITE 214
TAMPA, FL 33618**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFO
BENDORATIS, THOMAS
10008 NORTH DALE MABRY SUITE 214
TAMPA, FL 33618**

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/7/05