


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90002 001 ***158.75

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		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 TONEY, SAM D 10008 N. DALE MABRY HIGHWAY, SUITE 214 TAMPA, FL 33618 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member Carter McNabb River Cities Capital Funds 221 E. Fourth Street # 1700 Cincinnati, OH 45202-4151 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP PADDA, SHAN 10008 N. DALE MABRY HIGHWAY, SUITE 214 TAMPA, FL 33618 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member Nora McGuire HealthNow of New York 1901 Main Street Buffalo, NY 14240-0080 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM TURK, JONATHAN 140 SOUTH DRARBORN, SUITE 1620 CHICAGO, IL 60603 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member Mark Disalvo Semaphore 243 Pleasant Street Methuen, MA 01844 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM LIPTAK, DAVID 1370 AVE. OF THE AMERICAS 23RD FL. NEW YORK, NY 10019 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President + Chief Operating Officer Steven Wigginton 10008 North Dale Mabry, Ste 214 Tampa, FL, 33618 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO YUHAS, MICHAEL 10008 N. DALE MABRY SUITE 214 TAMPA, FL 33618 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO BENDORATIS, THOMAS 10008 NORTH DALE MABRY SUITE 214 TAMPA, FL 33618 <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 exemptions contained 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 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: <u>Thomas M. Bendoratis</u> <u>Thomas M. Bendoratis</u> <u>2/3/2006</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					