

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001162

Entity Name: HEALTH INTEGRATED, INC.

FILED  
Jan 08, 2007  
Secretary of State

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

FEI Number: 86-1052333

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VCST ( ) Delete  
Name: TONEY, SAM D  
Address: 10008 N. DALE MABRY HIGHWAY, SUITE 214  
City-St-Zip: TAMPA, FL 33618 CP

Title: CP ( ) Delete  
Name: PADDA, SHAN  
Address: 10008 N. DALE MABRY HIGHWAY, SUITE 214  
City-St-Zip: TAMPA, FL 33618

Title: BM ( ) Delete  
Name: DISALVO, MARK  
Address: 248 PLEASANT ST  
City-St-Zip: METHUEN, MA 01844

Title: PCOO ( ) Delete  
Name: WIGGINTON, STEVEN  
Address: 10008 N DAL MABRY STE 214  
City-St-Zip: TAMPA, FL 33618

Title: CFO ( ) Delete  
Name: BENDORAITIS, THOMAS  
Address: 10008 NORTH DALE MABRY SUITE 214  
City-St-Zip: TAMPA, FL 33618

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: WIGGINTON, STEVEN  
Address: 10008 N DAL MABRY STE 214  
City-St-Zip: TAMPA, FL 33618

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: THOMAS M. BENDORAITIS

CFO

01/08/2007

Electronic Signature of Signing Officer or Director

Date