

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006805

Entity Name: HEALTHALLIES, INC.

FILED  
Mar 30, 2011  
Secretary of State

## Current Principal Place of Business:

505 N. BRAND BLVD.  
SUITE 850  
GLENDALE, CA 91203

## New Principal Place of Business:

505 NORTH BRAND BOULEVARD  
SUITE 850  
GLENDALE, CA 91203

## Current Mailing Address:

44 SOUTH BROADWAY 14TH FLOOR  
NY075-1000  
WHITE PLAINS, NY 10601

## New Mailing Address:

505 NORTH BRAND BOULEVARD  
SUITE 850  
GLENDALE, CA 91203

FEI Number: 95-4763349

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

## OFFICERS AND DIRECTORS:

Title: PRE  
Name: CHMAIT, MARCEE ILEEN  
Address: 505 NORTH BRAND BOULEVARD, SUITE 850  
City-St-Zip: GLENDALE, CA 91203

Title: VP  
Name: KELLY, JOHN WILLIAM  
Address: 505 NORTH BRAND BOULEVARD, SUITE 850  
City-St-Zip: GLENDALE, CA 91203

Title: TREA  
Name: OBERRENDER, ROBERT WORTH  
Address: 505 NORTH BRAND BOULEVARD, SUITE 850  
City-St-Zip: GLENDALE, CA 91203

Title: SEC  
Name: RYAN, TIMOTHY F  
Address: 505 NORTH BRAND BOULEVARD, SUITE 850  
City-St-Zip: GLENDALE, CA 91203

Title: DIR  
Name: GROSKLAGS, JEFFREY DAVID  
Address: 505 NORTH BRAND BOULEVARD, SUITE 850  
City-St-Zip: GLENDALE, CA 91203

Title: DIR  
Name: SPARKMAN, DAVID LYNN  
Address: 505 NORTH BRAND BOULEVARD, SUITE 850  
City-St-Zip: GLENDALE, CA 91203

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: MANDELIN HENDRICKS

POA

03/30/2011

Electronic Signature of Signing Officer or Director

Date