

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001741

Entity Name: HEALTHPLEX I.P.A., INC.

FILED  
Apr 15, 2010  
Secretary of State

**Current Principal Place of Business:**

333 EARLE OVINGTON BLVD.  
SUITE 300  
UNIONDALE, NY 115533608

**New Principal Place of Business:**

**Current Mailing Address:**

333 EARLE OVINGTON BLVD.  
SUITE 300  
UNIONDALE, NY 115533608

**New Mailing Address:**

FEI Number: 11-3554436      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

INTERSTATE DOCUMENT FILINGS INCORPORATED  
1540 GLENWAY DR  
TALLAHASSEE, FL 32301      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: P  
Name: KANE, MARTIN DR.  
Address: 333 EARLE OVINGTON BLVD. SUITE 300  
City-St-Zip: UNIONDALE, NY 115533608

Title: CHRM  
Name: CUCHEL, STEPHEN J DR.  
Address: 333 EARLE OVINGTON BLVD. SUITE 300  
City-St-Zip: UNIONDALE, NY 115533608

Title: SVD  
Name: SAFRAN, BRUCE H  
Address: 333 EARLE OVINGTON BLVD. SUITE 300  
City-St-Zip: UNIONDALE, NY 115533608

Title: TD  
Name: KANE, GEORGE DR.  
Address: 333 EARLE OVINGTON BLVD. SUITE 300  
City-St-Zip: UNIONDALE, NY 115533608

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: DR. MARTIN KANE

PRES

04/15/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date