

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001741

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

FILED
Apr 06, 2011
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

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: CFO
Name: VIGNOLA, VALERIE
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: VALERIE VIGNOLA

CFO

04/06/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date