

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000286

Entity Name: HEALTH ADVANTAGE ONE, INC.

FILED
May 20, 2008
Secretary of State

Current Principal Place of Business:

120 GILBRATAR RD., SUITE 107
HORSHAM, PA 19044

New Principal Place of Business:

Current Mailing Address:

120 GILBRATAR RD., SUITE 107
HORSHAM, PA 19044

New Mailing Address:

FEI Number: 04-3786176

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: DANIELS, DAVID M
Address: 120 GILBRATAR RD., SUITE 107
City-St-Zip: HORSHAM, PA 19044

Title: VST () Delete
Name: SOUFFLAS, ALEX
Address: 120 GILBRATAR RD., SUITE 107
City-St-Zip: HORSHAM, PA 19044

Title: VS () Delete
Name: BATHURST, PATRICIA S
Address: 120 GILBRATAR RD., SUITE 107
City-St-Zip: HORSHAM, PA 19044

Title: VD (X) Delete
Name: TAYLOR, DAVID A
Address: 120 GILBRATAR RD., SUITE 107
City-St-Zip: HORSHAM, PA 19044

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

I hereby certify that the information supplied with this filing does not qualify 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: ALEX SOUFFLAS

VST

05/20/2008

Electronic Signature of Signing Officer or Director

Date