

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001672

Entity Name: HEALTH INVESTMENTS, INC.

FILED  
Mar 14, 2011  
Secretary of State

## Current Principal Place of Business:

BEACH MANOR #604  
9001 HWY 98 WEST  
DESTIN, FL 32550

## New Principal Place of Business:

## Current Mailing Address:

10859 EMERALD COAST PARKWAY WEST  
SUITE 204, BOX 414  
MIRAMAR BEACH, FL 32550

## New Mailing Address:

11275 US HIGHWAY 98 WEST  
SUITE 6, BOX 414  
MIRAMAR BEACH, FL 32550

FEI Number: 62-1479520

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: C  
Name: WHEELER, EMILIE J  
Address: 1589 APPLING ROAD  
City-St-Zip: CORDOVA, TN 38016

Title: D  
Name: MOONEY, RANDY  
Address: 1589 APPLING ROAD  
City-St-Zip: CORDOVA, TN 38016

Title: P  
Name: FRANKLIN, IAN  
Address: 773 SANDY HILL CIRCLE  
City-St-Zip: PORT ORANGE, FL 32127

Title: S  
Name: FRANKLIN, CLARA E  
Address: 773 SANDY HILL CIRCLE  
City-St-Zip: PORT ORANGE, FL 32127

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: IAN FRANKLIN

P

03/14/2011

Electronic Signature of Signing Officer or Director

Date