2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002055

Entity Name: MARATHON HEALTH, INC.

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business:			New Principal	New Principal Place of Business:	
354 MOUNTAIN VIEW DRIVE SUITE 300 COLCHESTER, VT 05446			SUITE 300	354 MOUNTAIN VIEW DRIVE SUITE 300 COLCHESTER, VT 05446	
Current Mailing Address:			New Mailing A	New Mailing Address:	
354 MOUNTAIN VIEW DRIVE SUITE 300 COLCHESTER, VT 05446		SUITE 300	354 MOUNTAIN VIEW DRIVE SUITE 300 COLCHESTER, VT 05446		
FEI Number	: 26-0103977	FEI Number Applied For ()	FEI Number Not Applicabl	e () Certificate of Status Desired ()	
Name and	d Address of (Current Registered Agent:	Name and Add	lress of New Registered Agent:	
THOMAS, STEVEN 501 NORTH ORLANDO AVE #313230 WINTER PARK, FL 32789 US			1083 HILLŚBOI	TARRANT, RICHARD 1083 HILLSBORO MILE HILLSBORO, FL 33062 US	
	e named entity e of Florida.	submits this statement for th	e purpose of changing its re	gistered office or registered agent, or both,	
SIGNATURE: RICHARD TARRANT				04/29/2009	
	Electro	nic Signature of Registered /	Agent	Date	
Election Ca	mpaign Financin	ng Trust Fund Contribution ().			
OFFICER	S AND DIREC	CTORS:	ADDITIONS/C	HANGES TO OFFICERS AND DIRECTO	
Title: Name: Address: City-St-Zip:	TARRANT, RIC 354 MOUNTAII	N VIEW DRIVE SUITE 300	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (ROBERTS, RO 360 ROUTE 10 BEDFORD, NH	D1 STE 3A	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	FORD, JERRY	N VIEW DRIVE SUITE 300	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	REUTER, CHA 107 WEST GR) Delete RLES REENBROOK ROAD WELL, NJ 07006	Address: 21	ES (X) Change () Addition JTER, CHARLES FREDERICKS STREET ST ORANGE, NJ 07052	
Title: Name: Address: City-St-Zip:	BERGMANN, E	N VIEW DRIVE SUITE 300	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	SCFO (LAPLANT, SCO 354 MOUNTAII) Delete OTT	Title: Name:	() Change () Addition	

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: SCOTT LAPLANT SCFO 04/29/2009