

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002055

Entity Name: MARATHON HEALTH, INC.

FILED  
Apr 22, 2011  
Secretary of State

## Current Principal Place of Business:

354 MOUNTAIN VIEW DRIVE  
SUITE 300  
COLCHESTER, VT 05446

## New Principal Place of Business:

## Current Mailing Address:

354 MOUNTAIN VIEW DRIVE  
SUITE 300  
COLCHESTER, VT 05446

## New Mailing Address:

FEI Number: 26-0103977

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TARRANT, RICHARD  
1083 HILLSBORO MILE  
HILLSBORO, FL 33062 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: TARRANT, RICHARD  
Address: 354 MOUNTAIN VIEW DRIVE SUITE 300  
City-St-Zip: COLCHESTER, VT 05446

Title: D  
Name: ROBERTS, RONALD  
Address: 360 ROUTE 101 STE 3A  
City-St-Zip: BEDFORD, NH 03110

Title: D  
Name: FORD, JERRY  
Address: 354 MOUNTAIN VIEW DRIVE SUITE 300  
City-St-Zip: COLCHESTER, VT 05446

Title: SCFO  
Name: LAPLANT, SCOTT  
Address: 354 MOUNTAIN VIEW DRIVE SUITE 300  
City-St-Zip: COLCHESTER, VT 05446

Title: VP  
Name: BERGMANN, BARBARA  
Address: 354 MOUNTAIN VIEW DRIVE SUITE 300  
City-St-Zip: COLCHESTER, VT 05446

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: SCOTT LAPLANT

CFO

04/22/2011

Electronic Signature of Signing Officer or Director

Date