## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F07000002055

Entity Name: MARATHON HEALTH, INC.

FILED Apr 26, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

354 MOUNTAIN VIEW DRIVE 20 WINOOSKI FALLS WAY SUITE 300 SUITE 400 WINOOSKI, VT 05404

Current Mailing Address: New Mailing Address:

354 MOUNTAIN VIEW DRIVE 20 WINOOSKI FALLS WAY SUITE 300 SUITE 400 WINOOSKI, VT 05404

FEI Number: 26-0103977 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TARRANT, RICHARD 1083 HILLSBORO MILE HILLSBORO, FL 33062 US

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: 0

Name: TARRANT, RICHARD

Address: 20 WINOOSKI FALLS WAY, SUITE 400

City-St-Zip: WINOOSKI, VT 05404

Title: D

 Name:
 ROBERTS, RONALD

 Address:
 360 ROUTE 101 STE 3A

 City-St-Zip:
 BEDFORD, NH 03110

Title: D

Name: FORD, JERRY

Address: 20 WINOOSKI FALLS WAY, SUITE 400

City-St-Zip: WINOOSKI, VT 05404

Title: SCFO

Name: LAPLANT, SCOTT

Address: 20 WINOOSKI FALLS WAY, SUITE 400

City-St-Zip: WINOOSKI, VT 05404

Title: VP

Name: BERGMANN, BARBARA

Address: 20 WINOOSKI FALLS WAY, SUITE 400

City-St-Zip: WINOOSKI, VT 05404

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 04/26/2012