

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000002253

Entity Name: HEALTHSTAT, INC.

**FILED**  
**Jan 22, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4601 CHARLOTTE PARK DR SUITE 390  
CHARLOTTE, NC 28217

**New Principal Place of Business:**

**Current Mailing Address:**

4601 CHARLOTTE PARK DR SUITE 390  
CHARLOTTE, NC 28217

**New Mailing Address:**

FEI Number: 56-2273744

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: DP  
Name: DALE, DAVID L JR  
Address: 4601 CHARLOTTE PARK DR SUITE 390  
City-St-Zip: CHARLOTTE, NC 28217

Title: V  
Name: HART, ROBERT E  
Address: 4601 CHARLOTTE PARK DR SUITE 390  
City-St-Zip: CHARLOTTE, NC 28217

Title: S  
Name: KINZLER, SUSAN C  
Address: 4601 CHARLOTTE PARK DR SUITE 390  
City-St-Zip: CHARLOTTE, NC 28217

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: SUSAN KINZLER

S

01/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date