## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F94000004494

**Entity Name: HEALTHDRIVE CORPORATION** 

FILED Jan 04, 2011 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

25 NEEDHAM STREET NEWTON, MA 02461 US

Current Mailing Address: New Mailing Address:

25 NEEDHAM STREET NEWTON, MA 02461 US

FEI Number: 04-3052905 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:

MORER, JEFFREY L O.D. 6338-57 LANTANA RD. LAKE WORTH, FL 33463 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: PSTD

Name: ERRANTE, JOSEPH

Address: % HEALTHDRIVE CORP., 25 NEEDHAM ST.

City-St-Zip: NEWTON, MA 02461 US

Title: D/C

Name: BELLUCK, DAVID

Address: % HEALTHDRIVE CORP., 25 NEEDHAM ST.

City-St-Zip: NEWTON, MA 02461 US

Title: D

Name: OSOFSKY, MAX

Address: % HEALTHDRIVE CORP., 25 NEEDHAM ST.

City-St-Zip: NEWTON, MA 02461 US

Title: [

Name: ROGERS, LLOYD

Address: % HEALTHDRIVE CORP., 25 NEEDHAM ST.

City-St-Zip: NEWTON, MA 02461 US

Title: AT

Name: KAPLAN, MICHAEL

Address: % HEALTHDRIVE CORP., 25 NEEDHAM ST.

City-St-Zip: NEWTON, MA 02461 US

Title: D

Name: ROTELLA, ANGELO

Address: C/O HEALTHDRIVE CORP., 25 NEEDHAM ST.

City-St-Zip: NEWTON, MA 02461 US

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: MICHAEL KAPLAN AT 01/04/2011