FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **F98000004358**

HEALTH HERO NETWORK, INC.

Principal Place of Business

Mailing Address

May 08, 1999 8:00 am Secretary of State

05-08-1999 90038 028 ***150.00



2570 W. EL CAMINO REAL. STE 111 MAOUNTAIN VIEW CA 94040	2570 W. EL CAMINO REAL. STE 11 MAOUNTAIN VIEW CA 94040			DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed 07/08/1998		
2. Principal Place of Business	2a. Mailing Address			4. FEI Number		Applied For
	26			77-0207109		Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State 23 MOUNTAIN VIEW CA	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country 24 25	Zip Coo	untry		This corporation owes the current year In Personal Property Tax.	ntangible Yes	□ No_
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYS STREET		81	Name			
		82	82 Street Address (P.O. Box Number is Not Acceptable)			
TALLAHASSEE FL 32301-2525		83				
			City	FI	<u> </u>	Zip Code
11. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. Lam familiar with and accept the obligation	f Florida. Such change was authorize	ed by th	named corpor he corporation	ration submits this statement for the purpose of submits the statement of directors. I hereby accept the appoint	of changir pintment	ng its registered as registered

SIGNATURE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE 1.1 TITLE TMF Brown, STEPHEN J BROWN, STEPHEN J 1.2 NAME NAME 2570 W.EL CAMINO REAL, STE 2570 W. EL CAMINO REAL, STE 111 1.3 STREET ADDRESS STREET ADDRESS MOUNTAIN VIEW CA 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE ☑ Change 2.1 TITLE TITLE ALLEN, MitcH ALLEN, MITCH 2.2 NAME 2570 W. EL CAMINO REAL, STE III NAME 14231 PAUL AVENUE 2.3 STREET ADDRESS STREET ADDRESS **SARATOGA CA** MOUNTAIN VIEW CA 2, 4 CITY-ST-ZIP CITY-ST-ZIP Addition Change □ DELETE 3.1 TITLE TITLE WAKMAN, DR. ALBERT CARNEGUE HOW TOWER 3.2 NAME KELLMAN, JOEL D NAME CARNEGUE HALL TOWER
152 WEST 5755 STEET, 3355 FLOOR
NEW YOLK, NY 10019 TWO PALO ALTO SQUARE 3 3 STREET ADDRESS STREET ADDRESS PALO ALTO CA 34. CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 4.1 TITLE TITLE MCCLURG, JAMES E LIFFHAN, JOEL D. NAME 2030 SURFSIDE DRIVE 4.3 STREET ADDRESS 712 FIETH AJENUE STREET ADDRESS NEW YORK, NY **LINCOLN NE** CITY-ST-ZIP 4.4 CITY-ST-ZIP Addition ☐ Change ☐ DELETE 5.1 TITLE TITLE ROSE JR, CHARLES P 5.2 NAME NAME 499 PARK AVE., 15TH FL 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP **NEW YORK NY** CITY-ST-ZIP 6.1 TITLE ☐ Change ☐ Addition DELETE 6.2 NAME NAME PETERSON, ALLEN D 2800 W. HIGGINS ROAD, STE 835 6.3 STREET ADDRESS STREET ADDRESS

HOFFMAN ESTATES IL I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CiTY-ST-ZIP

GNING OFFICER OR DIRECTOR

CR2E034 (11/98)