

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2008 08:00 AM
Secretary of State

DOCUMENT # F98000007095 1. Entity Name RIPPE HEALTH ASSESSMENT, INC.	
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Principal Place of Business 21 NORTH QUINSIGAMOND AVENUE SHREWSBURY, MA 01545	Mailing Address 21 NORTH QUINSIGAMOND AVENUE SHREWSBURY, MA 01545
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DO NOT WRITE IN THIS SPACE



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 04-3440398	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

RIPPE, JAMES M
CELEBRATION HEALTH
400 CLEBERATION PLACE
CELEBRATION, FL 34747

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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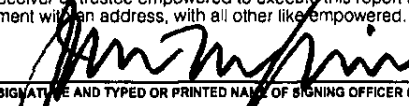
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD RIPPE, JAMES M 400 CELEBRATION PLACE CELEBRATION, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROWN, MICHAEL L 90 CANAL STREET BOSTON, MA
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01/23/08-80102-015 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  1/12/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #