2007 FOR PROFIT CORPORATION ANNUAL REPORT

1/4

DOCUMENT # F99000003545

1. Entity Name
HDI-HEALTH DIRECT, INC.

FILED
07 APR 26 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
70 PINE STREET, 30TH FLOOR NEW YORK, NY 10270 US	70 PINE STREET, 30TH FLOOR NEW YORK, NY 10270

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04232007 No Chg-P CR2E034 (11/05)

4. FEI Number
06-1332347
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	MOOR, KRISTIAN P
STREET ADDRESS	175 WALTER STREET
CITY-ST-ZIP	NEW YORK, NY 10038
TITLE	P
NAME	ILER, STEVEN A
STREET ADDRESS	70 PINE STREET
CITY-ST-ZIP	NEW YORK, NY
TITLE	VPTD
NAME	SCHIMEK, ROBERT S.H.
STREET ADDRESS	175 WATER STREET
CITY-ST-ZIP	NEW YORK, NY 10038
TITLE	S
NAME	TUCK, ELIZABETH M
STREET ADDRESS	70 PINE STREET
CITY-ST-ZIP	NEW YORK, NY 10270
TITLE	D
NAME	SCHADER, CHARLES R
STREET ADDRESS	70 PINE STREET
CITY-ST-ZIP	NEW YORK, NY 10270
TITLE	VP
NAME	LAFORGIA, GRACEANN
STREET ADDRESS	175 WATER STREET
CITY-ST-ZIP	NEW YORK, NY 10038

See attached for changes

900098913849

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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: Elizabeth M Tuck 4/24/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Elizabeth M Tuck

Directors / Officers Report

As of 4/25/2007

HDI - **Health Direct, Inc.**
Address for all: 70 Pine Street
New York, NY 10270

Directors

		Effective
Stephen James Cook	Director	4/12/2007
Kristian Philip Moor	Director	10/28/2003
Charles Ross Schader	Director	10/28/2003
Robert Scott Higgins Schimek	Director	12/29/2005

Officers

		Effective
Kristian Philip Moor	Chairman of the Board of Directors	10/28/2003
Steven A. Iler	President	12/29/2005
Robert Scott Higgins Schimek	Chief Financial Officer	12/29/2005
Kenneth Vincent Harkins	Executive Vice President	12/31/2004
Robert Scott Higgins Schimek	Executive Vice President	12/29/2005
Donald C. Hurter	Senior Vice President	12/29/2005
Grace Ann LaForgia	Vice President	12/29/2005
Smeeta Teck	Assistant Vice President	12/29/2005
Kenneth Vincent Harkins	General Counsel	12/31/2004
Elizabeth Margaret Tuck	Secretary	9/29/1997
Valerie-Saun Alerte	Assistant Secretary	10/28/2003
Donald Pelka	Assistant Secretary	8/1/2001
Robert Scott Higgins Schimek	Treasurer	12/29/2005

HDI - **Health Direct, Inc.**

Grace Ann LaForgia	Comptroller	12/29/2005

CORPORATION SERVICE COMPANY®

4/4

ACCOUNT NO. : 072100000032

REFERENCE : 869012 4320171

AUTHORIZATION : Lynn Coleman

COST LIMIT : $ 150.00

ORDER DATE : April 25, 2007

ORDER TIME : 1:29 PM

ORDER NO. : 869012-230

CUSTOMER NO: 4320171

ANNUAL REPORT FILING

NAME: HDI-HEALTH DIRECT, INC.
FL 2007

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2007 APR 26 PM 4:32

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SUFFICIENCY OF FILING

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - Ext. 2914

EXAMINER'S INITIALS: