2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2008
Secretary of State

DOCUMENT# F99000006442

Entity Name: HEALTHCENTERSONLINE, INC.

Current Principal Place of Business:

1 S. OCEAN BLVD.
SUITE 201
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

C/O MARICELA S. MOZQUEDA
100 UNIVERSITY CITY, 1280/6
UNIVERSITY CITY, CA 91608

New Mailing Address:

C/O MARICELA S. MOZQUEDA
100 UNIVERSAL CITY, 1280/6
UNIVERSAL CITY, CA 91608

FEI Number: 22-3693405 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: CALPETER, LYNN A
Address: 30 ROCKEFELLER PLAZA
City-St-Zip: NEW YORK, NY 10112

Title: SD ( ) Delete
Name: COTTON, RICHARD
Address: 30 ROCKEFELLER PLAZA
City-St-Zip: NEW YORK, NY 10112

Title: P ( ) Delete
Name: FINE, DEBORAH
Address: 500 SEVENTH AVE., 14TH FLOOR
City-St-Zip: NEW YORK, NY 10018

Title: AS ( ) Delete
Name: MOZQUEDA, MARICELA S
Address: 100 UNIVERAL CITY PLAZA
City-St-Zip: UNIVERSAL CITY, CA 91608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARICELA S. MOZQUEDA AS 01/08/2008

Electronic Signature of Signing Officer or Director — Date