2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007
Secretary of State

DOCUMENT# G27507

Entity Name: THE HEALTHPLACE, INC.

Current Principal Place of Business:

1700 MCMULLEN BOOTH RD, C1&2
CLEARWATER, FL US

New Principal Place of Business:

1700 MCMULLEN BOOTH RD, C1&2
CLEARWATER, FL 33759 US

Current Mailing Address:

P.O. BOX 6009
PALM HARBOR, FL 34684 US

New Mailing Address:

FEI Number: 59-2328697 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KALIN, DAVID P DR
11206 BLOOMINGTON DR
TAMPA, FL 33635 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: DR ( ) Delete
Name: KALIN, DAVID P.,
Address: 11206 BLOOMIMGTON DR
City-St-Zip: TAMPA, FL 33635

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID P. KALIN DR. 01/11/2007
Electronic Signature of Signing Officer or Director Date