

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G27507

FILED  
Jan 29, 2012  
Secretary of State

Entity Name: THE HEALTHPLACE, INC.

**Current Principal Place of Business:**

2111 W. SWANN AVENUE  
TAMPA, FL 33606 US

**New Principal Place of Business:**

**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

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: KALIN, DAVID P.  
Address: 11206 BLOOMINGTON DR  
City-St-Zip: TAMPA, FL 33635

I hereby 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 all other like empowered.

SIGNATURE: DAVID P KALIN

DR

01/29/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date