2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2009
Secretary of State

DOCUMENT# L06240

Entity Name: HEALTH COM INC.

Current Principal Place of Business:

4496 SOUTHSIDE BLVD #200
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 821485
S FLORIDA, FL 330821485 US

New Mailing Address:

4496 SOUTHSIDE BLVD #200
JACKSONVILLE, FL 32216

FEI Number: 65-0134035 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

A. BOTET
4496 SOUTHSIDE BLVD. #200
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

E.BOTET
4496 SOUTHSIDE BLVD. #200
JACKSONVILLE, FL 32216 US

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: E. BOTET 03/16/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BOTET, A.
Address: 4496 SOUTHSIDE BLVD. #200
City-St-Zip: JACKSONVILLE, FL 32216

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 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: A. BOTET DIR 03/16/2009
Electronic Signature of Signing Officer or Director — Date