

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005339

FILED  
May 01, 2007  
Secretary of State

Entity Name: TALKING HEALTH INC.

**Current Principal Place of Business:**

4795 NW 41ST PLACE  
LAUDERDALE LAKES, FL 33319

**New Principal Place of Business:**

**Current Mailing Address:**

4795 NW 41ST PLACE  
LAUDERDALE LAKES, FL 33319

**New Mailing Address:**

FEI Number: 20-5238491      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

HARRIS, JOAN  
4795 NW 41ST PLACE  
LAUDERDALE LAKES, FL 33319      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: S      ( ) Delete  
Name: VASSELL, ELAINE  
Address: 4500 NW 41ST STREET  
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: VC      ( ) Delete  
Name: DOUGLAS, ASTON  
Address: 1450 NW 47TH AVE  
City-St-Zip: COCONUT CREEK, FL 33063

Title: C      ( ) Delete  
Name: GRAY, HARVEL  
Address: 9511 SEATURTLE MANOR  
City-St-Zip: PLANTATION, FL 33324

Title: P      ( ) Delete  
Name: HARRIS, JOAN  
Address: 4795 NW 41ST PLACE  
City-St-Zip: LAUDERDALE LAKES, FL 33319

**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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOAN HARRIS

P

05/01/2007

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

\_\_\_\_\_  
Date