

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008320

Entity Name: HEALTH EXPRESS, INC.

FILED  
May 27, 2008  
Secretary of State

## Current Principal Place of Business:

4344 NW 9TH AVE  
#159  
POMPANO BEACH, FL 33064

## New Principal Place of Business:

## Current Mailing Address:

4344 NW 9TH AVE  
#159  
POMPANO BEACH, FL 33064

## New Mailing Address:

FEI Number: 20-5355881      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD  
SUITE A-100  
TAMPA, FL 336123425 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: P ( ) Delete  
Name: ROBERTSON, JEAN  
Address: 4344 NW 9TH AVE, #159  
City-St-Zip: POMPANO BEACH, FL 33064

Title: T ( ) Delete  
Name: ROBERTSON, JWY-ANZA  
Address: 4344 NW 9TH AVE, #159  
City-St-Zip: POMPANO BEACH, FL 33064

Title: S ( ) Delete  
Name: ROBERTSON, JATA  
Address: 4025 WEST NAPOLEAN AVE, #218  
City-St-Zip: NEW ORLENAS, LA 70001

Title: VP ( ) Delete  
Name: CORBIN, JOYCE DEBORAH  
Address: 125 WEST CHESTNUT STREET  
City-St-Zip: PONCHATOULA, LA 70434

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change ( ) Addition  
Name: ROBERTSON, JATA  
Address: 436 SAN SOUCI DRIVE  
City-St-Zip: GULFPORT, MS 70001

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: JEAN ROBERTSON

CEO

05/27/2008

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

\_\_\_\_\_  
Date