## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000000263

**Entity Name: HEALTHY TOGETHER INCORPORATED** 

FILED Apr 06, 2009 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

3809 W. CORONA STREET 601 N. ASHLEY DRIVE

TAMPA, FL 336298616 SUITE 1100

TAMPA, FL 33602 US

**Current Mailing Address:** New Mailing Address:

601 N. ASHLEY DRIVE 3809 W. CORONA STREET

TAMPA, FL 336298616 SUITE 1100 TAMPA, FL 33602

FEI Number: 26-1980408 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

WOLFSON, JAY USF COLLÈGE OF PUBLIC HEALTH 13201 BRUCE B. DOWNS BOULEVARD, MDC 56 TAMPA, FL 33612 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

US

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete

MORGAN, SIDNEY MORGAN, SIDNEY Name: Name:

4350 W CYPRESS STREET, SUITE 400 Address: 5401 W. KENNEDY BLVD., SUITE 161 Address:

City-St-Zip: TAMPA, FL 33607 City-St-Zip: TAMPA, FL 33609 US

Title: CD Title: (X) Change ( ) Addition ( ) Delete

KNOTT, JEFF Name: VALIENTE, JOSE Name:

Address: 990 GOLF AND SEA BOULEVARD Address: 1715 N. WESTSHORE BLVD., SUITE 950 TAMPA, FL 33607 US

City-St-Zip: APOLLO BEACH, FL 33572 City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition TIDMORE, SIGRID TIDMORE, SIGRID E Name: Name:

3809 W. CORONA STREET 3809 W. CORONA STREET Address: Address: City-St-Zip: TAMPA, FL 336298616 City-St-Zip: TAMPA, FL 33629 US

Title: VD () Delete Title: VD (X) Change ( ) Addition Name:

BLYLER, DIANNE Name: BLYLER, DIANNE R 11 LINCOLN AVE. SOUTH Address: Address: 11 LINCOLN AVE. SOUTH City-St-Zip: ST. PETERSBURG, FL 33711 City-St-Zip: ST. PETERSBURG, FL 33711

Title: () Delete Title: (X) Change ( ) Addition

FREEDMAN, STEVE SULLINS, PAMELA Name: Name: 18907 AVENUE BIARRITZ 3205 W. FIELDER STREET Address: Address:

City-St-Zip: LUTZ, FL 33558 City-St-Zip: TAMPA, FL 33611

Title: (X) Delete Title: () Change () Addition

WOLFSON, JAY Name: Name: Address: 13201 BRUCE B. DOWNS BOULEVARD, MDC 56 Address: TAMPA, FL 33612 City-St-Zip: 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: DIANNE R. BLYLER VD 04/06/2009