## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000000263

FILED Mar 26, 2010 Secretary of State

Entity Name: HEALTHY TOGETHER INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

601 N. ASHLEY DRIVE SUITE 1100

TAMPA, FL 33602 US

Current Mailing Address: New Mailing Address:

601 N. ASHLEY DRIVE SUITE 1100 TAMPA, FL 33602 US

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 COLLEGE 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

**OFFICERS AND DIRECTORS:** 

Title: CD

Name: MORGAN, SIDNEY

Address: 5401 W. KENNEDY BLVD., SUITE 161

City-St-Zip: TAMPA, FL 33609 US

Title: TD

Name: VALIENTE, JOSE

Address: 1715 N. WESTSHORE BLVD., SUITE 950

City-St-Zip: TAMPA, FL 33607 US

Title: PD

 Name:
 TIDMORE, SIGRID E

 Address:
 3809 W. CORONA STREET

 City-St-Zip:
 TAMPA, FL 33629 US

Title: VD

 Name:
 BLYLER, DIANNE R

 Address:
 11 LINCOLN AVE. SOUTH

 City-St-Zip:
 ST. PETERSBURG, FL 33711

Title: SD

Name: SULLINS, PAMELA
Address: 3205 W. FIELDER STREET
City-St-Zip: TAMPA, FL 33611

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

SIGNATURE: DIANNE BLYLER VP 03/26/2010