

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000263

FILED
Mar 15, 2011
Secretary of State

Entity Name: HEALTHY TOGETHER INCORPORATED

Current Principal Place of Business:

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

New Principal Place of Business:

3809 W. CORONA STREET
TAMPA, FL 33629 US

Current Mailing Address:

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

New Mailing Address:

3809 W. CORONA STREET
TAMPA, FL 33629 US

FEI Number: 26-1980408

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: SULLINS, PAMELA
Address: 3205 W. FIELDER STREET
City-St-Zip: TAMPA, FL 33611 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: SD
Name: GROOVER-SKIPPER, DOT
Address: 11306 CARROLLWOOD DRIVE
City-St-Zip: TAMPA, FL 33618

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: SIGRID E. TIDMORE

PREZ

03/15/2011

Electronic Signature of Signing Officer or Director

Date