2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: HEALTHNOW FOUNDATION OF POLK COUNTY, INC.

Current Principal Place of Business:

500 SOUTH FLORIDA AVENUE, SUITE 800
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

500 SOUTH FLORIDA AVENUE, SUITE 800
LAKELAND, FL 33801

New Mailing Address:

FEI Number: 27-0542330 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLARK, RONALD L
500 SOUTH FLORIDA AVENUE, SUITE 800
LAKELAND, FL 33801 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: D
Name: CLINE, JUDY
Address: 500 SOUTH FLORIDA AVENUE, SUITE 800
City-St-Zip: LAKELAND, FL 33801

Title: D
Name: ROBINSON, DAVID
Address: 500 SOUTH FLORIDA AVENUE, SUITE 800
City-St-Zip: LAKELAND, FL 33801

Title: D
Name: GOODEMOTE, ED
Address: 500 SOUTH FLORIDA AVENUE, SUITE 800
City-St-Zip: LAKELAND, FL 33801

Title: D
Name: GRAY, MARK
Address: 500 SOUTH FLORIDA AVENUE, SUITE 800
City-St-Zip: LAKELAND, FL 33801

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: DAVID ROBINSON D 07/12/2010

Electronic Signature of Signing Officer or Director Date