

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000009265

FILED  
Mar 08, 2011  
Secretary of State

Entity Name: HEALTH LINK PLUS, INC.

## Current Principal Place of Business:

2400 WEST CYPRESS CREEK RD SUITE 202  
FT LAUDERDALE, FL 33309 US

## New Principal Place of Business:

555 SW 12TH AVE  
107  
POMPANO BEACH, FL 33069 US

## Current Mailing Address:

2400 WEST CYPRESS CREEK RD SUITE 202  
FT LAUDERDALE, FL 33309 US

## New Mailing Address:

555 SW 12TH AVE  
107  
POMPANO BEACH, FL 33069 US

FEI Number: 27-3606057

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LABOTT, RYAN  
2400 WEST CYPRESS CREEK RD SUITE 202  
FT LAUDERDALE, FL 33309 US

## Name and Address of New Registered Agent:

LABOTT, RYAN  
555 SW 12TH AVE  
SUITE 107  
POMPANO BEACH, FL 33069 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:

03/08/2011

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PVST  
Name: LABOTT, RYAN  
Address: 555 SW 12TH AVE SUITE 107  
City-St-Zip: POMPANO BEACH, FL 33069 US

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: RYAN LABOTT

OWNE

03/08/2011

Electronic Signature of Signing Officer or Director

Date