2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 16, 2008 8:00 am Secretary of State

01-16-2008 90046 048 ****61.25

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1. Entity Nam HEALTH		NC.										
					JEFFERSON STREET			400	n 18PU			
2. Principal P	Place of Busin	ess - No P.O. Box #	3. Mai	ling Address								
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				01112008	Chg-NP	CR2E	E037 (12/ 0 6	i)
City & State			Ci	City & State			4. FEI Number 59-1143105				Applied For Not Applicable	
Zip Country				Zip Country			5. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent					
	b. Name	and Address of Currer	nt Register	a Agent		Name		7. Name and	Address of No	ew Registere	d Agent	
MILLER, GEORGE W 240 WEST WASHINGTON STREET MONTICELLO, FL 32344								(P.O. Box Number is Not Acceptable)				
		· •		City						F	Zìp C	ode
8. The above the obligat	named entity tions of registe	y submits this statement ered agent.	for the purp	ose of changing its	registere	ed office or	registered	agent, or bot	h, in the State o	of Florida. Ta	m familiar wi	th, and accept
SIGNATURE		or printed name of registered age	ent and title if app	plicable. (NOTE	Registere	d Agent signatur	re required wh	en reinstatino)		DAT	E	
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,	_	e is \$61.25 lay 1, 2008		9. Election Cam Trust Fund C			\$ D A	5.00 May B	e	Make che Florida Der	ack payable partment of	
10. ;	_		DIRECTORS	Trust Fund C				5.00 May B dded to Fees DITIONS/CH	ANGES TO OF	Florida Dep	ertment of	State 🛷 🕹
TITLE	Due by M	OFFICERS AND D	DIRECTORS	Trust Fund C	ontributi	ion. [ADI	5.00 May B dded to Fees DITIONS/CHA	ANGES TO OFF Braswel	Florida Dep FICERS AND	DIRECTORS Chang	State 42
TITLE NAME	Due by M	OFFICERS AND DE	DIRECTORS	Trust Fund C	11. TITLE	ion. (5.00 May B dded to Fees DITIONS/CHA	ANGES TO OFF Braswel	Florida Dep FICERS AND	DIRECTORS Chang	State 43
TITLE NAME STREET ADDRESS	Due by M D DEMOTT, 915 GOVT	OFFICERS AND E HERBERT G FARM ROAD	DIRECTORS	Trust Fund C	11. TITLE NAMI	E EET ADDRESS	ADI	5.00 May B dded to Fees DITIONS/CHA TIM [ANGES TO OFF Braswel Live Cal	Florida Dep FICERS AND \ Road	DIRECTORS Chang	State 42
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEMOTT, 915 GOVT	OFFICERS AND DE	DIRECTORS	Trust Fund C	11. TITLE NAMI STRE	E E ET ADDRESS -ST-ZIP	P/P	5.00 May B dded to Fees DITIONS/CH/ TIM [1580 M own	ANGES TO OFF Braswel	Florida Dep FICERS AND \ Road	DIRECTORS Chang	State 22 IN 10 R
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TITLE NAME; STREET ADDRESS CITY-ST-ZIP TITLE NAME	DEMOTT, 915 GOVT MONTICE D BRINSON 129 PLAN	OFFICERS AND DEFICERS AND DEFICERS AND DEFICERS AND DEFICE AND DEF	DIRECTORS	Trust Fund C	11. TITLE NAMM STRE CITY TITLE NAMM STRE	E E E ST-ZIP E E	P/P	5.00 May B dded to Fees DITIONS/CH/ TIM [1580 M own	ANGES TO OFF Braswel Live Cal	Florida Dep FICERS AND \ Road	DIRECTORS Chang	State 22 IN 10 R
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

ASIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR