

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007631

FILED  
Feb 09, 2012  
Secretary of State

**Entity Name:** HEALTH SUPPORT AWARENESS, INC.

**Current Principal Place of Business:**

3548 WOODRIDGE PLACE  
PALM HARBOR, FL 34684

**New Principal Place of Business:**

**Current Mailing Address:**

3548 WOODRIDGE PLACE  
PALM HARBOR, FL 34684

**New Mailing Address:**

**FEI Number:** 59-3616245

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MUELLER, LOUIS H  
3548 WOODRIDGE PLACE  
PALM HARBOR, FL 34684 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:** PD  
**Name:** MUELLER, LOUIS H RPH  
**Address:** 3548 WOODRIDGE PLACE  
**City-St-Zip:** PALM HARBOR, FL 34684

**Title:** D  
**Name:** CRAIG, CHRISTINA M RN  
**Address:** 3548 WOODRIDGE PLACE  
**City-St-Zip:** PALM HARBOR, FL 34684

**Title:** VTSD  
**Name:** MUELLER, ESTELLE A  
**Address:** 3548 WOODRIDGE PLACE  
**City-St-Zip:** PALM HARBOR, FL 34684

**Title:** DIR  
**Name:** MUELLER, STEPHEN  
**Address:** 3548 WOODRIDGE PLACE  
**City-St-Zip:** PALM HARBOR, FL 34684

**Title:** DIR  
**Name:** MUELLER, MICHAEL J DR.  
**Address:** 3548 WOODRIDGE PLACE  
**City-St-Zip:** PALM HARBOR, FL 34684

**Title:** DIR  
**Name:** MUELLER, SARAH L MS.  
**Address:** 3548 WOODRIDGE PLACE  
**City-St-Zip:** PALM HARBOR, FL 34684

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:** LOUIS H. MUELLER

DIR

02/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date