2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2006
Secretary of State

DOCUMENT# P05000080582

Entity Name: THE HEALTH IMPROVEMENT CENTERS OF AMERICA, INC.

Current Principal Place of Business:

9430 TURKEY LAKE RD., SUITE 112
ORLANDO, FL 32819

New Principal Place of Business:

7236 STONEROCK CIRCLE
ORLANDO, FL 32819

Current Mailing Address:

9430 TURKEY LAKE RD., SUITE 112
ORLANDO, FL 32819

New Mailing Address:

7236 STONEROCK CIRCLE
ORLANDO, FL 32819

FEI Number: 20-2949753 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHICK, DAVID L
301 E. PINE ST., SUITE 1400
ORLANDO, FL 32801 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES ( ) Change (X) Addition
Name: CAMPISI, FRANK P MD
Address: 7236 STONEROCK CIRCLE
City-St-Zip: ORLANDO, FL 32819

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK P CAMPISI PRES 08/22/2006

Electronic Signature of Signing Officer or Director — Date