

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000080582

**FILED**  
**Apr 15, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

7236 STONEROCK CIRCLE  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

7236 STONEROCK CIRCLE  
ORLANDO, FL 32819

**New Mailing Address:**

**FEI Number:** 20-2949753

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CAMPISI, FRANK C MD  
7236 STONEROCK CIRCLE  
ORLANDO, FL 32819 US

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

CAMPISI, FRANK P MD  
7236 STONEROCK CIRCLE  
ORLANDO, FL 32819 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: FRANK P. CAMPISI

04/15/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: FRANK P. CAMPISI

PRES

04/15/2011

Electronic Signature of Signing Officer or Director

Date