

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000087124

Entity Name: HEALTH DEPUTY, INC.

**FILED**  
**Sep 16, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

8954 SW 6TH CT  
PLANTATION, FL 33324

**New Principal Place of Business:**

**Current Mailing Address:**

8954 SW 6TH CT  
PLANTATION, FL 33324

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HATCH, SHARON  
8954 SW 6TH CT  
PLANTATION, FL 33324 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: CEO  
Name: HATCH, SHARON  
Address: 8954 SW 6TH CT  
City-St-Zip: PLANTATION, FL 33324

Title: CFO  
Name: WEINTRAUB, LINDA  
Address: 8954 SW 6TH CT  
City-St-Zip: PLANTATION, FL 33324

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: SHARON HATCH

CEO

09/16/2010

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

\_\_\_\_\_  
Date