

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000074125

FILED
Feb 29, 2012
Secretary of State

Entity Name: HEALTHPATIENTS.COM, INC.

Current Principal Place of Business:

227 SW 4TH AVE
GAINESVILLE, FL 32601 US

New Principal Place of Business:

Current Mailing Address:

227 SW 4TH AVE
GAINESVILLE, FL 32601 US

New Mailing Address:

FEI Number: 45-3186095

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLD, STEVEN T ESQ.
11317 NW 199TH AVE
ALACHUA, FL 32615 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: P
Name: WILLIAMS, DAVID
Address: 227 SW 4TH AVE
City-St-Zip: GAINESVILLE, FL 32601

Title: VP
Name: DAVIS, JAMES
Address: 227 SW 4TH AVE
City-St-Zip: GAINESVILLE, FL 32601

Title: DIR
Name: ALLEN, RICHARD
Address: 227 SW 4TH AVE
City-St-Zip: GAINESVILLE, FL 32601

Title: DIR
Name: BAILEY, GREG DR.
Address: 227 SW 4TH AVE
City-St-Zip: GAINESVILLE, FL 32601

Title: DIR
Name: STOCKTON, ERIC
Address: 227 SW 4TH AVE
City-St-Zip: GAINESVILLE, FL 32601

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: DAVID WILLIAMS

P

02/29/2012

Electronic Signature of Signing Officer or Director

Date