2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000077988

FILED Apr 27, 2007 Secretary of State

Entity Name: HEALTH GATE INC. **Current Principal Place of Business: New Principal Place of Business:** 1040 NE 175 ST. MIAMI, FL 33162 US **Current Mailing Address: New Mailing Address:** 1040 NE 175TH ST. MIAMI, FL 33162 FEI Number: 65-0753182 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PASCAL, ROBERT A ESQ 300 SW 7TH AVE. FT. LAUDERRDALE, FL 33312 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition MANNION, THOMAS MANNION, THOMAS H Name: Name: 1040 NE 175 ST. Address:

1040 NE 175 ST. Address: City-St-Zip: MIAMI, FL 33162 City-St-Zip:

Title: () Delete MANNION, VERONIQUE Name: 1040 NE 175 ST. Address:

City-St-Zip:

MIAMI, FL 33162

MIAMI, FL 33162 Title: (X) Change () Addition MANNION, VERONIQUE S Name:

Address: 1040 NE 175 ST. MIAMI, FL 33162 Citv-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: VERONIQUE MANNION D 04/27/2007