2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2011
Secretary of State

DOCUMENT# P97000033738

Entity Name: HEALTHSENSE, INC.

Current Principal Place of Business:

305 CLYDE MORRIS BLVD #120
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

305 CLYDE MORRIS BLVD #120
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 59-3444630 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OKARSKI, SCOTT
305 CLYDE MORRIS BLVD #120
ORMOND BEACH, FL 32174 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: PSD
Name: OKARSKI, SCOTT
Address: 305 CLYDE MORRIS BLVD # 120
City-St-Zip: ORMOND BEACH, FL 32174

Title: VT
Name: OKARSKI, KRISTEN
Address: 305 CLYDE MORRIS BLVD # 120
City-St-Zip: ORMOND BEACH, FL 32174

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: SCOTT OKARSKI PSD 04/12/2011

Electronic Signature of Signing Officer or Director Date