

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000087714

FILED
Apr 29, 2006
Secretary of State

Entity Name: HEALTH ASSET MANAGEMENT, INC.

Current Principal Place of Business:

1325 SAN MARCO BLVD.
STE. 800
JACKSONVILLE, FL 32207

New Principal Place of Business:

3563 PHILLIPS HIGHWAY
STE. 106
JACKSONVILLE, FL 32207

Current Mailing Address:

1325 SAN MARCO BLVD.
STE. 800
JACKSONVILLE, FL 32207

New Mailing Address:

3563 PHILLIPS HIGHWAY
STE. 106
JACKSONVILLE, FL 32207

FEI Number: 59-3473735

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TARPLEY, MARILYN E
5343 MORGAN HORSE DRIVE
JACKSONVILLE, FL 32257 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: TARPLEY, MICHAEL D
Address: 5343 MORGAN HORSE DRIVE
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete
Name: GLASSMAN, DEAN M.D.
Address: 836 PRUDENTIAL DRIVE, STE. 1603
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: MONROIG, ANTONIO
Address: 2121 K STREET N.W., STE. 800
City-St-Zip: WASHINGTON, DC 20037

Title: D () Delete
Name: HOOT, KEVIN
Address: 2077 BRIGHTON BAY TRAIL
City-St-Zip: JACKSONVILLE, FL 32246

Title: D () Delete
Name: TARPLEY, MARILYN E
Address: 5343 MORGAN HORSE DR
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete
Name: PATTERSON, GARY
Address: 12334 FT CAROLINE RD
City-St-Zip: JACKSONVILLE, FL 32211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MARILYN E TARPLEY

D

04/29/2006

Electronic Signature of Signing Officer or Director

Date