2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000087714

Entity Name: HEALTH ASSET MANAGEMENT, INC.

FILED Apr 30, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

11250 OLD ST. AUGUSTINE ROAD SUITE #15-134 JACKSONVILLE, FL 32257

Current Mailing Address: New Mailing Address:

11250 OLD ST. AUGUSTINE ROAD SUITE #15-134 JACKSONVILLE, FL 32257

FEI Number: 59-3473735 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:

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

Title: CD

Name: TARPLEY, MICHAEL D
Address: 5343 MORGAN HORSE DRIVE
City-St-Zip: JACKSONVILLE, FL 32257

Title:

Name: GLASSMAN, DEAN M.D.

Address: 836 PRUDENTIAL DRIVE, STE. 1603

City-St-Zip: JACKSONVILLE, FL 32207

Title:

Name: HOOT, KEVIN

Address: 2077 BRIGHTON BAY TRAIL City-St-Zip: JACKSONVILLE, FL 32246

Title: [

 Name:
 TARPLEY, MARILYN E

 Address:
 5343 MORGAN HORSE DR

 City-St-Zip:
 JACKSONVILLE, FL 32257

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: MARILYN E. TARPLEY D 04/30/2010