2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2011
Secretary of State

DOCUMENT# P97000087714

Entity Name: HEALTH ASSET MANAGEMENT, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

OFFICERS AND DIRECTORS:

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

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

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

Title: D
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 OFF 04/16/2011

Electronic Signature of Signing Officer or Director — Date