2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 21, 2009
Secretary of State

DOCUMENT# P98000048371

Entity Name: HEALTH CHECK INCORPORATED

Current Principal Place of Business:

3850 COUNTY ROAD 386
PORT ST JOE, FL 32456

New Principal Place of Business:

Current Mailing Address:

PO BOX 14165
MEXICO BEACH, FL 32410 US

New Mailing Address:

FEI Number: 59-3523770 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: DCEO ( ) Delete
Name: KELLY, CAROLE L
Address: 8929 W. HIGHWAY 98
City-St-Zip: PORT SAINT JOE, FL 32456

Title: DPST ( ) Delete
Name: ZIVNUSKA, JOHN R
Address: 8929 W. HIGHWAY 98
City-St-Zip: PORT SAINT JOE, FL 32456

Title: SVP ( ) Delete
Name: THIEL, SUSAN F
Address: 307 ROBIN LANE
City-St-Zip: MEXICO BEACH, FL 32410

Title: SVP (X) Delete
Name: EDWARDS, CHARLES
Address: 616 GULF AIRE DRIVE
City-St-Zip: PORT ST JOE, FL 32456

Title: SVP ( ) Delete
Name: SANXAY, ALLY G
Address: 3850 CR 386 S
City-St-Zip: PORT ST JOE, FL 32456

Title: VP (X) Delete
Name: RAMSEY, CHOLLET
Address: 3850 CR 386 S
City-St-Zip: PORT ST JOE, FL 32456

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
Name:
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 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: JOHN ZIVNUSKA PRES 05/21/2009

Electronic Signature of Signing Officer or Director Date