

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000083859

Entity Name: HSP HEALTH, INC.

FILED
Aug 25, 2008
Secretary of State

Current Principal Place of Business:

855 PALM BAY RD.
#102
WEST MELBOURNE, FL 32904

New Principal Place of Business:

5270 FISHERMAN LANE
GRANT, FL 32949

Current Mailing Address:

P.O. BOX 120789
WEST MELBOURNE, FL 32912

New Mailing Address:

P.O. BOX 33009
INDIALANTIC, FL 32903

FEI Number: 59-3539315

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PANTON, HAGEN S
855 PALM BAY RD
102
WEST MELBOURNE, FL 32904 US

Name and Address of New Registered Agent:

PANTON, HAGEN S
5270 FISHERMAN LANE
GRANT, FL 32949 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:

08/25/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: PANTON, HAGEN S
Address: P.O BOX 120789
City-St-Zip: WEST MELBOURNE, FL 32912

Title: VP () Delete
Name: PANTON, HAGEN S
Address: P.O BOX 120789
City-St-Zip: WEST MELBOURNE, FL 32912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: PANTON, HAGEN S
Address: P.O BOX 33009
City-St-Zip: INDIALANTIC, FL 32903

Title: VP (X) Change () Addition
Name: PANTON, HAGEN S
Address: P.O BOX 33009
City-St-Zip: INDIALANTIC, FL 32903

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: HAGEN S PANTON

P

08/25/2008

Electronic Signature of Signing Officer or Director

Date