

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000084517

Entity Name: HEALTH PORTALS, INC.

FILED
Aug 01, 2006
Secretary of State

Current Principal Place of Business:

2039 ISLAND CIRCLE
WESTON, FL 33326 US

New Principal Place of Business:

16310 MALIBU DRIVE
WESTON, FL 33326 US

Current Mailing Address:

2039 ISLAND CIRCLE
WESTON, FL 33326 US

New Mailing Address:

16310 MALIBU DR
WESTON, FL 33326 US

FEI Number: 65-0952574

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARFANIS, JOHN N
2039 ISLAND CIRCLE
WESTON, FL 33326 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: D () Delete
Name: ARFANIS, JOHN N
Address: 2039 ISLANDS CIRCLE
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ARFANIS, JOHN N
Address: 16310 MALIBU DR
City-St-Zip: WESTON, FL 33326

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: JOHN ARFANIS

PRES

08/01/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date