

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000023187

**Entity Name:** HEALTHEINTENTIONS, INC.

**Current Principal Place of Business:**

1143 VAN BUREN STREET  
HOLLYWOOD, FL 33019

**Current Mailing Address:**

1143 VAN BUREN STREET  
HOLLYWOOD, FL 33019

**FEI Number:** 32-0336667

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DE FILIPPO, STEPHANIE C  
1143 VAN BUREN STREET  
HOLLYWOOD, FL 33019 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

**Officer/Director Detail :**

Title P  
Name DE FILIPPO, STEPHANIE C  
Address 1143 VAN BUREN STREET  
City-State-Zip: HOLLYWOOD FL 33019

Title VP  
Name ROBINSON, LORI S  
Address 1223 VAN BUREN STREET  
City-State-Zip: HOLLYWOOD FL 33019

*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:** STEPHANIE DE FILIPPO

**PRESIDENT**

**01/12/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date