

No. <b>C 186455</b>		<b>Due no later than Mar 31, 2012</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b> HEALTH OPTION ONE, INC. STUART REBEN 1239 E NEWPORT CENTER DR #101 DEERFIELD BEACH FL 33442 USA		INCCORP SERVICES, INC. 921 S ORCHARD ST STE G BOISE ID 83705 USA			
				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	ARNOLD COHEN	1239 E. NEWPORT CENTER DR SUITE 101	DEERFIELD BEACH	FL	USA	33442	
SECRETARY	ARNOLD COHEN	1239 E. NEWPORT CENTER DR SUITE 101	DEERFIELD BEACH	FL	USA	33442	
PRESIDENT	ARNOLD COHEN	1239 E. NEWPORT CENTER DR SUITE 101	DEERFIELD BEACH	FL	USA	33442	
5. Organized Under the Laws of: <b>FL</b> <b>C 186455</b>		6. Annual Report must be signed.* Signature: Arnold Cohen Name (type or print): Arnold Cohen			Date: 03/27/2012 Title: President		
Processed 03/27/2012		* Electronically provided signatures are accepted as original signatures.					