

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000001467

Entity Name: HEALTHY ACHIEVERS, INC.**Current Principal Place of Business:**110 CORPORATE DRIVE, SUITE 2,
PORTSMOUTH, NH 03801**Current Mailing Address:**6300 BRIDGEPOINT PKWY., BLDG.3, STE.500
AUSTIN, TX 78730**FEI Number:** 02-0478132**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 D
Name BOON, ROBERT S
Address 6300 BRIDGEPOINT PKWY., BLDG.3,
STE.500
City-State-Zip: AUSTIN TX 78730

Title VPT
Name SULLIVAN, KATHY
Address 6300 BRIDGEPOINT PKWY., BLDG.3,
STE.500
City-State-Zip: AUSTIN TX 78730

Title VP, OF HUMAN RESOURCES
Name SCHMITZ, MARYBETH
Address 6300 BRIDGEPOINT PKWY., BLDG.3,
STE.500
City-State-Zip: AUSTIN TX 78730

Title P
Name PATTON, JAMES
Address 6300 BRIDGEPOINT PKWY., BLDG.3,
STE.500
City-State-Zip: AUSTIN TX 78730

Title S
Name GOODALE, KRISTIN K
Address 6300 BRIDGEPOINT PKWY., BLDG.3,
STE.500
City-State-Zip: AUSTIN TX 78730

Title VP OF IMPLEMENTATION AND CLIENT
SERVICES
Name HARTMAN, STACI
Address 6300 BRIDGEPOINT PKWY., BLDG.3,
STE.500
City-State-Zip: AUSTIN TX 78730

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: JAMES PATTON**PRESIDENT****02/23/2015**

Electronic Signature of Signing Officer/Director Detail

Date