

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 08, 1999 8:00 am**  
**Secretary of State**

05-08-1999 90038 028 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # F98000004358

1. Corporation Name  
**HEALTH HERO NETWORK, INC.**



Principal Place of Business: 2570 W. EL CAMINO REAL, STE 111 MAOUNTAIN VIEW CA 94040  
 Mailing Address: 2570 W. EL CAMINO REAL, STE 111 MAOUNTAIN VIEW CA 94040

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/08/1998**

4. FEI Number: **77-0207109**

5. Certificate of Status Desired:  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State: **MOUNTAIN VIEW CA**

23 Zip: **94040** Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip: **94040** Country

29

30

9. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, STEPHEN J	1.2 NAME	BROWN, STEPHEN J
STREET ADDRESS	2570 W. EL CAMINO REAL, STE 111	1.3 STREET ADDRESS	2570 W. EL CAMINO REAL, STE 111
CITY-ST-ZIP	MOUNTAIN VIEW CA	1.4 CITY-ST-ZIP	MOUNTAIN VIEW, CA 94040
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, MITCH	2.2 NAME	ALLEN, MITCH
STREET ADDRESS	14231 PAUL AVENUE	2.3 STREET ADDRESS	2570 W. EL CAMINO REAL, STE 111
CITY-ST-ZIP	SARATOGA CA	2.4 CITY-ST-ZIP	MOUNTAIN VIEW, CA 94040
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLMAN, JOEL D	3.2 NAME	WAXMAN, DR. ALBERT
STREET ADDRESS	TWO PALO ALTO SQUARE	3.3 STREET ADDRESS	CARNEGIE HALL TOWER
CITY-ST-ZIP	PALO ALTO CA	3.4 CITY-ST-ZIP	152 WEST 57TH STREET, 33RD FLOOR NEW YORK, NY 10019
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCLURG, JAMES E	4.2 NAME	LIFFMAN, JOEL D.
STREET ADDRESS	2030 SURFSIDE DRIVE	4.3 STREET ADDRESS	712 FIFTH AVENUE
CITY-ST-ZIP	LINCOLN NE	4.4 CITY-ST-ZIP	NEW YORK, NY 10019
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	ROSE JR, CHARLES P	5.2 NAME	
STREET ADDRESS	499 PARK AVE., 15TH FL	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	PETERSON, ALLEN D	6.2 NAME	
STREET ADDRESS	2800 W. HIGGINS ROAD, STE 835	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOFFMAN ESTATES IL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: **4/29/99** DAYTIME PHONE #: **650-559-1000**

CR2E034 (1/98)