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Mar 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **768533** (2)
1. Corporation Name
HEALTH IMPROVEMENT, INC.

Principal Place of Business 4300 N W89 BLVD GAINESVILLE FL 32606 US	Mailing Address 4300 NW 89 BLVD GAINESVILLE FL 32606 US
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3. Date Incorporated or Qualified
05/19/1983

4. FEI Number 59-2317607	Applied For ☐ Not Applicable ☒
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2. Principal Place of Business 21 Sulte, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Sulte, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DEMONTMOLLIN, STEPHEN J.
4300 NW 89 BLVD
GAINESVILLE FL 32606**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DT	☐ DELETE
NAME	BUTLER, SCOTTI	
STREET ADDRESS	4300 NW 89 BLVD	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	☐ DELETE
NAME	FLETCHER, GEORGE	
STREET ADDRESS	8930 NW 89 BLVD	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	DS	☐ DELETE
NAME	GOODE, R. RAY	
STREET ADDRESS	4300 NW 89 BLVD	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	P	☐ DELETE
NAME	PEDDIE, EDWARD C.	
STREET ADDRESS	4300 NW 89 BLVD	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	DVC	☐ DELETE
NAME	YORK, E.T.	
STREET ADDRESS	4300 NW 89 BLVD	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	DC	☐ DELETE
NAME	DUNLAP, JOE	
STREET ADDRESS	4300 NW 89TH BLVD	
CITY-ST-ZIP	GAINESVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DT	☒ Change ☐ Addition
1.2 NAME	Williamson, II., G. Ed	
1.3 STREET ADDRESS	4300 NW 89th Blvd.	
1.4 CITY-ST-ZIP	Gainesville, FL 32606	
2.1 TITLE	D	☒ Change ☐ Addition
2.2 NAME	Butler, Scottie	
2.3 STREET ADDRESS	4300 NW 89 Blvd.	
2.4 CITY-ST-ZIP	Gainesville, FL 32606	
3.1 TITLE	DS	☒ Change ☐ Addition
3.2 NAME	DeFord, M.D., James	
3.3 STREET ADDRESS	4300 NW 89th Blvd.	
3.4 CITY-ST-ZIP	Gainesville, FL 32606	
4.1 TITLE	D	☒ Change ☐ Addition
4.2 NAME	Fletcher, George	
4.3 STREET ADDRESS	4300 NW 89 Blvd.	
4.4 CITY-ST-ZIP	Gainesville, FL 32606	
5.1 TITLE	DVC	☒ Change ☐ Addition
5.2 NAME	Goode, R. Ray	
5.3 STREET ADDRESS	4300 NW 89 Blvd.	
5.4 CITY-ST-ZIP	Gainesville, FL 32606	
6.1 TITLE	D	☒ Change ☐ Addition
6.2 NAME	York, E.T.	
6.3 STREET ADDRESS	4300 NW 89 Blvd.	
6.4 CITY-ST-ZIP	Gainesville, FL 32606	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Steph J. Demontmollin

2/16/98

352.337.8709

CR2E037 (10/97)