SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25.)

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 JUL 31 AM 10:00

SECRETARY OF STATE

DOCUMENT # 768533 (2)

1. Corporation Name
HEALTH IMPROVEMENT, INC.

Principal Place of Business	Mailing Address
~~8030 NW 89TH AVE~~ ~~GAINESVILLE FL 32606~~	~~720 S.W. 2ND AVE. STE. 305~~ ~~P.O.BOX 749~~ ~~GAINSVILLE FL 32602-0749~~ US

3. Date Incorporated or Qualified: 05/19/1983
3a. Date of Last Report: 09/06/1995

2. Principal Place of Business	2a. Mailing Address
31 4300 NW 89 Blvd	36 4300 NW 89 Blvd
32 Suite, Apt. #, etc.	37 Suite, Apt. #, etc.
33 City & State: Gainesville, FL	38 City & State: Gainesville, FL
34 Zip: 32606 35 Country	39 Zip: 32606 40 Country

4. FEI Number: 59-2317607 ☐ Applied For ☐ Not Applicable

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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DEMONTMOLLIN, STEPHEN J.
~~8030 NW 89TH AVE.~~
~~GAINSVILLE FL 32606~~

10. Name and Address of New Registered Agent

61 Name

62 Street Address (P.O. Box Number is Not Acceptable): 4300 NW 89 Blvd

63

64 City: Gainesville 65 FL 66 Zip Code: 32606

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: Stephen J. DeMontmollin
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT BUTLER, SCOTTI ~~8030 NW 89TH AVE.~~ ~~GAINSVILLE FL~~ ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	DT Butler, Scottie 4300 NW 89 Blvd Gainesville, FL 32606 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FLETCHER, GEORGE ~~8030 NW 89TH AVE.~~ ~~GAINSVILLE FL~~ ☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	D Fletcher, George 8930 NW 89 Blvd Gainesville, FL 32606 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~BENNETT, ED~~ ~~8030 NW 89 AVE~~ ~~GAINSVILLE FL~~ ☒ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	DS Goode, R. Ray 4300 NW 89 Blvd Gainesville, FL 32606 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PEDDIE, EDWARD C. ~~8030 NW 89TH AVE.~~ ~~GAINSVILLE FL~~ ☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	P Peddie, Edward C. 4300 NW 89 Blvd Gainesville, FL 32606 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVC YORK, E.T. ~~8030 NE 89TH AVE.~~ ~~GAINSVILLE FL~~ ☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	DVC York, E.T. 4300 NW 89 Blvd Gainesville, FL 32606 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC DUNLAP, JOE ~~8030 NW 89TH AVE.~~ ~~GAINSVILLE FL~~ ☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	DC Dunlap, Joe G. 4300 NW 89th Blvd Gainesville, FL 32606 ☒ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Stephen J. DeMontmollin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

D000000

7/31/96

Health Improvement, Inc.

Additions/Changes to Officers and Directors
(continued)

D	Anderson, M.D., Richard	4300 NW 89 Blvd	Gainesville, FL 32606
D	Beloff, M.D., Jerome	4300 NW 89 Blvd	Gainesville, FL 32606
D	Carr, Ed.D., Glenna	4300 NW 89 Blvd	Gainesville, FL 32606
D	Daniel, C.B.	4300 NW 89 Blvd.	Gainesville, FL 32606
D	DeFord, M.D., James	4300 NW 89 Blvd	Gainesville, FL 32606
D	Floyd, H. Jackson	4300 NW 89 Blvd	Gainesville, FL 32606
D	Mustian, M.T.	4300 NW 89 Blvd	Gainesville, FL 32606
D	Natiello, Ph.D., Thomas	4300 NW 89 Blvd	Gainesville, FL 32606
D	Read, J. William	4300 NW 89 Blvd.	Gainesville, FL 32606
D	Rossi, Richard	4300 NW 89 Blvd	Gainesville, FL 32606
D	Stringfellow, Sr., James	4300 NW 89 Blvd	Gainesville, FL 32606

Asst. Sec. Hughey, Philip J. 4300 NW 89 Blvd Gainesville, FL 32606