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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 768533

1. Corporation Name
HEALTH IMPROVEMENT, INC.

Principal Place of Business	Mailing Address
4300 N W89 BLVD GAINESVILLE FL 32606 US	4300 NW 89 BLVD GAINSVILLE FL 32606 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 05/19/1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2317607 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

DEMONTMOLLIN, STEPHEN J.
4300 NW 89 BLVD
GAINSVILLE FL 32606

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMSON, II G ED		1.2 NAME		
STREET ADDRESS	4300 NW 89 BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	GAINSVILE FL 32606		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	BUTLER, SCOTTIE		2.2 NAME	Butler, Scottie	
STREET ADDRESS	8930 NW 89 BLVD		2.3 STREET ADDRESS	4300 NW 89 Blvd.	
CITY-ST-ZIP	GAINSVILLE FL 32606		2.4 CITY-ST-ZIP	Gainesville, FL 32606	
TITLE	DS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DEFORD, M.D. J		3.2 NAME		
STREET ADDRESS	4300 NW 89 BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	GAINSVILLE FL 32606		3.4. CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FLETCHER, GEORGE		4. 2 NAME		
STREET ADDRESS	4300 NW 89 BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	GAINSVILLE FL 32606		4.4 CITY-ST-ZIP		
TITLE	DVC	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GOODE, R R		5.2 NAME		
STREET ADDRESS	4300 NW 89 BLVD		5.3 STREET ADDRESS		
CITY-ST-ZIP	GAINSVILLE FL 32606		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	YORK, E.T.		6.2 NAME		
STREET ADDRESS	4300 NW 89TH BLVD		6.3 STREET ADDRESS		
CITY-ST-ZIP	GAINSVILLE FL 32606		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Julie A. Hughey FOR PHILIP E. HUGHEY 1/8/99 305 671 4916
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

P17867-90121-4

Health Improvement, Inc.
Corporation # 768533
(Addendum to 1999 Corporation Annual Report)

D Anderson, M.D., Richard 4300 NW 89 Blvd., Gainesville, FL 32606

D-Add Binkley, Christopher 4300 NW 89 Blvd., Gainesville, FL 32606

D Carr, Glenna 4300 NW 89 Blvd., Gainesville, FL 32606

D Dotson, Albert 4300 NW 89 Blvd., Gainesville, FL 32606

DC Dunlap, Joe G 4300 NW 89 Blvd., Gainesville, FL 32606

D Floyd, H. Jackson 4300 NW 89 Blvd., Gainesville, FL 32606

D Leiva, Maria Camila 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

P Peddie, Edward C. 4300 NW 89 Blvd., Gainesville, FL 32606

D-Add Perry, M.D., Bruce 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 Secretary Hughey, Philp J., 4300 NW 89 Blvd, Gainesville, FL 32606