2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State
02-07-2002 90027 016 ****70.00

DOCUMENT # 768533

1. Entity 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

B0018362

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DEMONTMOLLIN, STEPHEN J. 4300 NW 89 BLVD GAINSVILLE FL 32606	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT WILLIAMSON, II G ED 4300 NW 89 BLVD GAINSVILLE FL 32606	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVCT BUTLER , SCOTTIE 4300 NW 89 BLVD GAINSVILLE FL 32606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS DEFORD, M.D. J 4300 NW 89 BLVD GAINSVILLE FL 32606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FLETCHER, GEORGE 4300 NW 89 BLVD GAINSVILLE FL 32606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC GOODE, R R 4300 NW 89 BLVD GAINSVILLE FL 32606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert E Hudson SIGNATURE REQUIRED 1/29/02 352-372-8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
B00183G2

Health Improvement, Inc.
Corporation #768533
(Addendum to 2002 ~~Corporation~~ Annual Filing)

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

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

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

D Mustian, M.T., 4300 NW 89 Blvd., Gainesville, FL 32606

D Natiello, PhD., Thomas, 4300 NW 89 Blvd., Gainesville, FL 32606

D Stringfellow, Sr., James, 4300 NW 89 Blvd., Gainesville, FL 32606

P Hudson, Robert C., 4300 NW 89 Blvd., Gainesville, FL 32606

AS Rankin, Les, 4300 NW 89 Blvd., Gainesville, FL 32606

AT - Delete Still, Ken, 4300 NW 89 Blvd., Gainesville, FL 32606

AT – Add Gallagher, Michael, 4300 NW 89^{t} Blvd., Gainesville, FL 32606