FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **F81698** **(5)**

1. Corporation Name

GROUP HEALTH MARKETING, INC.

Principal Place of Business	Mailing Address
9385 N. 56TH ST. SUITE 205 TAMPA FL 33617 US	P.O. BOX 17679 SUITE 124 TAMPA FL 33682-7679 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/18/1982
3a. Date of Last Report: 03/01/1994

4. FEI Number: 59-2202993 ☐ 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

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 9385 N. 56th St. - #205	26 9385 N. 56th St. (same as block 2)
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite 205	27 Suite 205
City & State	City & State
23 Tampa, Florida	28 Tampa, Florida
Zip / County	Zip / County
24 33617 / 25 Hillsborough	29 33617 / 30 Hillsborough

9. Name and Address of Current Registered Agent

MCGLENNEN GEORGE H
104 W SENECA #11
TAMPA FL 33682

10. Name and Address of New Registered Agent

81 Name: George H. McGlennen
82 Street Address (P.O. Box Number is Not Acceptable): 9385 N. 56th Street
83: Suite 205
84 City: Tampa **FL** 85 Zip Code: 33617

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: George H. McGlennen (Signature of president, vice president, chairman, vice chairman and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: May 26, 1995

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	11 TITLE	President, S & T ☒ Change ☐ Addition
NAME	MCGLENNEN, GEORGE H.	12 NAME	McGlennen, George H.
STREET ADDRESS	104 W. SENECA #11	13 STREET ADDRESS	Address
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	9385 N. 5th St-#205, Tampa, Fl 33617
TITLE	PST	21 TITLE	☐ Change ☐ Addition
NAME	MCGLENNEN, GEORGE H	22 NAME	
STREET ADDRESS	104 W. SENECA #11	23 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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.

SIGNATURE: George H. McGlennen — May 26, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0444496 FP