

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F93000000427 (5)**

1. Corporation Name

HEALTH INITIATIVES, INC.



Principal Place of Business

Mailing Address

410 AMHERST ST
NASHUA NH 03063
US

P.O. BOX 2028
NASHUA NH 03061-2028
US

3. Date Incorporated or Qualified
01/14/1993

3a. Date of Last Report
01/31/1995

2. Principal Place of Business

2a. Mailing Address

21 **43 Constitution Drive**

26 **PO Box 9514**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

Bedford, NH

27 City & State

Manchester, NH

23 Zip Country
03110-6020 USA

28 Zip Country
03108-9514 USA

4. FEI Number
02-0449033

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

10. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
THE CAPITOL BLDG.
TALLAHASSEE FL 32301**

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 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

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

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DCP	<input type="checkbox"/> DELETE
NAME	SQUIRES, JAMES	
STREET ADDRESS	410 AMHERST ST.	
CITY-ST-ZIP	NASHUA NH	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	PAGE, EVERETT	
STREET ADDRESS	410 AMHERST STREET	
CITY-ST-ZIP	NASHUA NH	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	GALE, KENNETH	
STREET ADDRESS	10 TARA BLVD.	
CITY-ST-ZIP	NASHUA NH	
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	Karen Reed	
STREET ADDRESS	43 Constitution Drive	
CITY-ST-ZIP	Bedford, NH 03110-6020	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	43 Constitution Drive
1.4 CITY-ST-ZIP	Bedford, NH 03110-6020
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	43 Constitution Drive
2.4 CITY-ST-ZIP	Bedford, NH 03110-6020
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	900001794159
4.4 CITY-ST-ZIP	04/25/96-01023-04
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	***200.00
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Everett W. Page

Everett W. Page

April 17 1996

603-695-1100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day and Phone #

CR2E034 (12/95)

4/24/96