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FILED
May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # F93000000427 (5)

1. Corporation Name
HEALTH INITIATIVES, INC.



Principal Place of Business

**43 CONSTITUTION DRIVE
 BEDFORD NH 03110-6020
 US**

Mailing Address

**P.O. BOX 9514
 MANCHESTER NH 03108-9514
 US**

| | |
|--|--|
| 3. Date Incorporated or Qualified 01/14/1993 | 3a. Date of Last Report 04/24/1996 |
| 4. FEI Number 02-0449033 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

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

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 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 available if applicable

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

DATE

12. OFFICERS AND DIRECTORS

TITLE **DCP** DELETE
 NAME **SQUIRES, JAMES**
 STREET ADDRESS **43 CONSTITUTION DRIVE**
 CITY-ST-ZIP **NASHUA NH**

TITLE **DT** DELETE
 NAME **PAGE, EVERETT**
 STREET ADDRESS **43 CONSTITUTION DRIVE**
 CITY-ST-ZIP **NASHUA NH**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE **PTD** Change Addition
 2.2 NAME **Page, Everett**
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE **CD** Change Addition
 3.2 NAME **Simons, Charles J.**
 3.3 STREET ADDRESS **43 Constitution Drive**
 3.4 CITY-ST-ZIP **Bedford, NH 03110-6020**

4.1 TITLE **S** Change Addition
 4.2 NAME **Reed, Karen**
 4.3 STREET ADDRESS **43 Constitution Drive**
 4.4 CITY-ST-ZIP **Bedford, NH 03110-6020**

5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

[Handwritten Signature]

CR2E034 (9/96)