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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L55926

(4)

HEALTH DESTINATIONS, INC.

FILED Mar 21 1997 8:00am Secretary of State



Principal Piace of Business 107 MELVIN STREET DESTIN FL 32541	Mailing Address 350 BLUE MOUNTAIN BE SANTA ROSA BEACH FL				
			3. Date incorporated or Qualified 03/05/1990	3a. Date of Last R	leport
2. Pancipat Place of Bysiness 336 College AVE	2a. Mailing Address		4. FEI Number 59-3000658	Applied For Not Applicable	
21] 336 CO / TEGE AVE Sote, Apr #, etc. 22]	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required		Additional
City & State 23 DE FUNIAK SPRINGS F	Cr. o Ch. i		6. Election Campaign Financing Trust Fund Contribution		
24 32433 Country 25 WALTON	/ Z ₁ ()	Country 30	8. This corporation has liability for		
9. Name and Address of Curre	ومستصيبين للماحوم فأهواه والمراجع والمحاط المراجع الماجات		10. Name and Address of New Re	gistered Agent	
SCOTT, GEORGE C. 1970 W NELSON AVE DEFUNIAK SPRINGS FL 32433		81 Name 82 Street Add	ress (P.O. Box Number is Not Acceptate	ole)	
		83 84 City		las I Vin	Code
		'		FL " '	
11. Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Star agent. Lam familiar with, and accept the oblication of the section of t	e of Florida. Such change was gations of, Section 607.0505, F	authorized by the corpora	flion's board of directors. Thereby accep	of the appointment as	registored
TITLE D	☐ DELETE	1.3 Trice	7100111010JOTATIACO TO OTTA	Change	Addition 66
NAME ALDRETE, J. ANTONIO		1.2 NAME			72
STREET ADDRESS 350 BLUE MOUNTAIN BEACI	1 ROAD	1.3 STREET ADDRESS			ايّر
SANTA ROSA BEACH FL	☐ DELETE	1.4 CHY-ST-ZIP		Change	Addition O
NAME ALDRETE, VALENTYNA T.		21 THLE 22 NAME		C Guarde	L_ Audicon C
STREET ADDRESS: BLUE MOUNTAIN BEACH RO	AD	2 3 STREET ADDRESS			
CITY-ST ZIP SANTA ROSA BEACH FL	- -	2 4 CITY-ST-ZIP			
Trus	Delete	3 1 TITLF		Change	Addition
NAME		3 2 NAME			
STREEL ADDRESS		3 3 STREFT ACORESS			
TOTAL STATE	DELETE	3.4. C(TY-SI-ZIP 4.1 TITLE		Change	Addition
NAME	-	4 2 NAME			
SHEET ADDRESS		4.3 STREET ADDRESS			
C-(1Y - S ³ - 70°		4.4 CITY - ST - ZIP			
1fit	☐ DETEAL	5.1 TITLE		∟ Change	Add:tion
NAME		5 2 NAME			ĺ
STREET ACCRESS OUT (- S - ZP)		5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
10 LE	DÉLEYE	6.1 TIRE		☐ Charige	Addition
NAME	Δ.	6 2 NAME			
STIME: ACCRECS	Λ,	6.3 STREET ADDRESS .			
CITY ST ZIP	1	6 4 CITY S1 - ZIP	-15- O2 440 07/01/2 Fr - 1 - 0 - 1 -	14	
14. Edo hereby certify that the information supplinformation indicated in this annual report of Lam an other or diel for of the corporation appears in Block 12 or Book 13 if changed.	skipplen ehtal anhual report is owne receiver ar trustee emec	true and accurate and that	d in Section 119 07(3)(i), Florida Statute it my signature shall have the same legart as required by Chapter 607, Florida S	Il effect as if made un Itatutes; and that my i	ider oath; that
SIGNATURE: SIGNATURE AND TYPED	OF PRINTED NAME OF SIGNING OFFICE	R OR DIRECTOR	410Ktxt/1-14-9	7 701 Davime Phone 1	P15 (