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
95 APR -5 PM 1:46

DOCUMENT # **849759** **(6)**

1. Corporation Name
HEATH CONSULTANTS INCORPORATED

Principal Place of Business	Mailing Address
100 TOSCA DR P O BOX 9114 STOUGHTON MA 02072-6114	100 TOSCA DR P O BOX 9114 STOUGHTON MA 02072-6114

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/17/1981
3a. Date of Last Report: 06/14/1994

2. Principal Place of Business
21: 9030 Monroe Rd
22 Suite, Apt. #, etc.:
23 City & State: Houston TX 77061
24 Zip: 25 Country:

2a. Mailing Address
26: 9030 Monroe Rd
27 Suite, Apt. #, etc.:
28 City & State: Houston TX
29 Zip: 77061 30 Country:

4. FEI Number: 04-2144731 ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	11 TITLE	☐ Change ☐ Addition
NAME	EYNON, STUART B	12 NAME	
STREET ADDRESS	11 FRANKLAND RD	13 STREET ADDRESS	
CITY-ST-ZIP	ASHLAND, MA 00000	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☒ Change ☐ Addition
NAME	MASSICOTTE, NORMAND D.	22 NAME	Massicotte Normand D.
STREET ADDRESS	1 MARCHAND WAY	23 STREET ADDRESS	1400 El Camino Village Dr #270B
CITY-ST-ZIP	NORTON MA	24 CITY-ST-ZIP	Houston Tx 77058
TITLE	P	31 TITLE	☐ Change ☐ Addition
NAME	MASSICOTTE, ANDRE J.	32 NAME	Massicotte Andre
STREET ADDRESS	11330 SAGEBERRY DRIVE	33 STREET ADDRESS	901 Cowards Creek Dr
CITY-ST-ZIP	HOUSTON TX	34 CITY-ST-ZIP	Friendswood Tx 77546
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	MUNRO, M VANCE	42 NAME	
STREET ADDRESS	5 PATRICIA RD	43 STREET ADDRESS	
CITY-ST-ZIP	FRAMINGHAM, MA 00000	44 CITY-ST-ZIP	
TITLE	AT	51 TITLE	☐ Change ☐ Addition
NAME	HEATH, RUTH T	52 NAME	
STREET ADDRESS	60 OLD ORCHARD RD	53 STREET ADDRESS	
CITY-ST-ZIP	SHERBORN, MA 00000	54 CITY-ST-ZIP	
TITLE	CTD	61 TITLE	☐ Change ☐ Addition
NAME	HEATH JR, MILTON W	62 NAME	
STREET ADDRESS	60 OLD ORCHARD RD	63 STREET ADDRESS	
CITY-ST-ZIP	SHERBORN, MA 00000	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: Normand D Massicotte 3/31/95 (713) 947-9282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

C1953530 FN