

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 849759 (6)

1. Corporation Name

HEATH CONSULTANTS INCORPORATED



Principal Place of Business

Mailing Address

9030 MONROE RD
P O BOX 9114
HOUSTON TX 77061
US

9030 MONROE RD
P O BOX 9114
HOUSTON TX 77061
US

3. Date Incorporated or Qualified

07/17/1981

3a. Date of Last Report

04/05/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 607.1503, 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 607.0503, Florida Statutes.

SIGNATURE

Signature of Registered Agent (If Registered Agent is not a corporation)

Signature of Registered Agent (If Registered Agent is a corporation)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE
V	EYNON, STUART B	11 FRANKLAND RD	ASHLAND, MA 00000	☐
V	MASSICOTTE, NORMAND D	1400 EL CAMINO VILLAGE DR #2702	HOUSTON TX	☐
MASS	ICOTTE ANDRE	901 COWARDS CREEK DR	FRIENDSWOOD TX	☒
S	MUNRO, M VANCE	5 PATRICIA RD	FRAMINGHAM, MA 00000	☐
AT	HEATH, RUTH T	80 OLD ORCHARD RD	SHERBORN, MA 00000	☐
CTD	HEATH JR, MILTON W	80 OLD ORCHARD RD	SHERBORN, MA 00000	☐

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	☐ Change ☐ Addition
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	☐ Change ☐ Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	☐ Change ☒ Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	☐ Change ☐ Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	☐ Change ☐ Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	☐ Change ☐ Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	☐ Change ☐ Addition

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 (713)947-9292

CR2E034 (12/95)