

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000000427

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

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90045 017 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/14/1993

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 3000 Goffs Falls Road

2a. Mailing Address

26 3000 Goffs Falls Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Manchester, NH

City & State

28 Manchester, NH

Zip Country

24 03111-0001 25

Zip Country

29 03111-0001 30

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME JENSEN, DAVID A

STREET ADDRESS 3000 GOFFS FALLS RD
CITY-ST-ZIP MANCHESTER NH 03111

TITLE T ☐ DELETE

NAME PARKINSON, CHRISTOPHER E

STREET ADDRESS 3000 GOFFS FALLS RD
CITY-ST-ZIP MANCHESTR NH 03111

TITLE D ☒ DELETE

NAME REED, KAREN

STREET ADDRESS 43 CONSTITUTION DR
CITY-ST-ZIP BEDFORD NH

TITLE S ☐ DELETE

NAME OYER, EVE H

STREET ADDRESS 3000 GOFFS FALLS RD
CITY-ST-ZIP MANCHESTER NH 03111

TITLE D ☐ DELETE

NAME HELMS, EDGAR J J

STREET ADDRESS 3000 GOFFS FALLS RD
CITY-ST-ZIP MANCHESTER NH 03111

TITLE Officer ☐ DELETE

NAME David Cawley

STREET ADDRESS 3000 Goffs Falls Road
CITY-ST-ZIP Manchester, NH 03111-0001

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 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-99

Date

603-695-7000

Daytime Phone #

CR2E034 (11/98)