

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000000427

1. Entity Name

HEALTH INITIATIVES, INC.

FILED
Aug 15, 2000 8:00 am
Secretary of State

08-15-2000 90003 019 ***550.00

Principal Place of Business

3000 GOFFS FALLS RD
MANCHESTER NH 03111-0001
US

Mailing Address

3000 GOFFS FALLS RD
MANCHESTER NH 03111-0001
US

2. Principal Place of Business

3. Mailing Address

3000 Goffs Falls Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ATTN: Legal Department

City & State

City & State

Manchester NH

Zip

Country

Zip

Country

4. FEI Number

02-0449033

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL BLDG.
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 O ☒ Delete
NAME CAWLEY, DAVID
STREET ADDRESS 3000 GOFFS FALLS RD
CITY-ST-ZIP MANCHESTER NH 03111-0001

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Chairman of the Board & Dir. ☐ Change ☒ Addition
NAME Larry Clayborn Glasscock
STREET ADDRESS 120 Monument Circle
CITY-ST-ZIP Indianapolis, IN 46204

TITLE Treasurer ☒ Change ☐ Addition
NAME George D. Martin
STREET ADDRESS 120 Monument Circle
CITY-ST-ZIP Indianapolis, IN 46204

TITLE Director ☐ Change ☒ Addition
NAME Michael Lynn Smith
STREET ADDRESS 120 Monument Circle
CITY-ST-ZIP Indianapolis, IN 46204

TITLE Secretary ☒ Change ☐ Addition
NAME Nancy L. Purcell
STREET ADDRESS 120 Monument Circle
CITY-ST-ZIP Indianapolis, IN 46204

TITLE Director ☐ Change ☒ Addition
NAME David R. Frick
STREET ADDRESS 120 Monument Circle
CITY-ST-ZIP Indianapolis, IN 46204

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/00

Date

603/695-7064

Daytime Phone #

CR2E034 (5/00)