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FILED  
May 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F94000000044 (7)

1. Corporation Name

HEALTH POTENTIALS, INC.



Principal Place of Business

C/O RICHARD D. STIER  
8700 KOGER BOULEVARD, SUITE 310  
ST. PETERSBURG FL 33702

Mailing Address

C/O RICHARD D. STIER  
8700 KOGER BOULEVARD, SUITE 310  
ST. PETERSBURG FL 33702-2437

2. Principal Place of Business

21 9800 4th ST. N.

Suite, Apt. #, etc.

22 204

City & State

23 St. Petersburg FL

Zip

24 33702

County

25 Hillsborough

2a. Mailing Address

26 9800 4th ST. N

Suite, Apt. #, etc.

27 204

City & State

28 St. Petersburg, FL

Zip

29 33702

Country

30 USA

3. Date Incorporated or Qualified

01/04/1994

3a. Date of Last Report

05/01/1996

4. FEI Number

35-1837064

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

LANG, NICHOLAS F  
520 FOURTH STREET NORTH  
ST. PETERSBURG FL 33701

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 re-instating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PC ☐ DELETE

NAME STIER, RICHARD D  
STREET ADDRESS 1024 44TH AVENUE N.E.  
CITY-ST-ZIP ST. PETERSBURG FL 33703

TITLE VCS ☐ DELETE

NAME STIER, MARLA K  
STREET ADDRESS 1024 44TH AVENUE N.E.  
CITY-ST-ZIP ST. PETERSBURG FL 33703

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 do 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.

SIGNATURE: Marla K Stier (Marla K Stier)

4-28-97 813-879-1271

CR2E034 (9/96)