

SEE NOW FILING FEE AFTER MAY 1995 \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 JUL 31 PM 12:29

DOCUMENT # *F915000003799*

1. Corporation Name

HealthRider, Inc.

Principal Place of Business

Mailing Address

*6322 S. 3000 E.
Salt Lake City, UT*

84121

2. Principal Place of Business

21 *Salt Lake City, UT*

2a. Mailing Address

26 *6322 S. 3000 E.*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 *N/A*

27 *N/A*

City & State

City & State

23 *Salt Lake City, UT*

28 *Salt Lake City, UT*

24 *84121*

25 *USA*

29 *USA*

30 *84121*

9. Name and Address of Current Registered Agent

*The Prentice-Hall Corporation System, Inc.
1201 Hayes St. - Ste. 105
Tallahassee, FL 32301*

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

3a. Date of Last Report

May 10, 1995

4. FEI Number

87-0540789

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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 fee, if applicable

(NOTE: Registered Agent's signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

See attached

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

2000001-0000-0000
07/31/96-01035-018
****293.75 ***293.75*

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)

2

HEALTHRIDER, INC.

BOARD OF DIRECTORS

Gary H. Smith
6322 South 3000 East
Salt Lake City, UT 84121

Harold P. McEwan
6322 South 3000 East
Salt Lake City, UT 84121

Christopher F. Robinson
6322 South 3000 East
Salt Lake City, UT 84121

Tony Rodda
6322 South 3000 East
Salt Lake City, UT 84121

OFFICERS

Christopher F. Robinson-President
6322 South 3000 East
Salt Lake City, UT 84121

Helen Smith-Vice President
6322 South 3000 East
Salt Lake City, UT 84121

C. Reed Brown-Secretary
6322 South 3000 East
Salt Lake City, UT 84121

Mark C. McBride-Treasurer
6322 South 3000 East
Salt Lake City, UT 84121