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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F9600000202 (9)

## FILED May 23 1997 8:00am Secretary of State

HEALTHTASK CORPORATION  Principal Place of Business  S35 PIEDMONT ROAD. NE ATLANTA GA 30305  Mailing Address  ALANTA GA 30305							
					3. Date Incorporated or Qualified 01/11/1996	3a. Date of La	st Report
2. Principal	Principal Place of Business 2a. Mailing Address			<del></del>	4. FEI Number		Applied For
21	26		·		58-2133411	Not Applicable	
	uite, Apt. #, etc. Suite, Apt. #, etc. 27				6. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
22 City & Sta	City & State City & State			·=-	6. Election Campaign Financing		
23	28				Trust Fund Contribution		
γ Z <sub>I</sub> p	Country		Country		8. This corporation has liability for intangible tax under s 199.032,		
24	25 29 9. Name and Address of Current Registered Agent		<u>[30]</u>		Florida Statutes Yes No 10. Name and Address of New Registered Agent		
	T CORPORATION SYSTEM	on nogoverous rigon.	8	1 Name	10, 110110		
	00 SOUTH PINE ISLAND ROAD			2 Street Add	dress (P.O. Box Number is Not Accept	able)	. <del></del>
PL	ANTATION FL 33324			_[			
•	•		} 6	3			
			8	4 City		FL  85	Zip Code
11. Pursuan	I to the provisions of Sections 607.05	502 and 607.1508. Florida Statu	ites, the abo	ve-named cor	rooration submits this statement for the	purpose of changi	na its registered
office or agent 1	registered agent, or both, in the Stall ani familiar with, and accept the obli	te of Florida. Such change was pations of, Section 607,0505. F	authorized Iorida Statul	by the corporates.	poration submits this statement for the ation's board of directors. I hereby acc	ept the appointmer	it as registered
SIGNATURE		<b>.</b>					ſ
	Signature: Typed or printed name of registered a			kjent signature requ	ired when reinstating)	DATE	7000000
12.	OFFICERS AND DIRECTORS  DELETE		13.		ADDITIONS/CHANGES TO OFF	Chai	<del></del>
NAME	GARNER, DAN R		1,2 NAM	l l			• • •
STREET ADORESS	ALL ALL HAUTE ATTEM ALIER NA			ET ADDRESS			ľ
CITY - ST - 7IP	DALLAS TX 75201	·	1.4 0/19	·ST-ZIP			
HILE	PCEO DELETE		2.1 TITL	1		☐ Cha	nge 🔲 Addition
NAME	LAIRD, DAVID		2.2 NAM	·			
STREET ADDRESS	· · · ·			ET ADDRESS		•	
CITY - ST - ZIP TITLE	ATLANTA GA 30305	DELETE.	2. 4 CIT	Y-ST-ZIP		Cha	nge 🔲 Addition
NAME	WULF, PATRICK		3.1 IIIL	ł	•	L.J CIR	ngo 1 ruvullull
STREET ADDRESS	ATT DISTRIBUTE DATE AND			ET ADDRESS			
CITY - S1 - ZIP	ATLANTA GA 30305		•	r-ST-ZIP			ļ
TITLE	VTD	DELETE	4.1 TITL		· · · · · · · · · · · · · · · · · · ·	Cha	nge Addition
NAME	BRYAN, LARRY J		4. 2 NAN	AE }			ļ
STREET ADDRESS			4.3 STRI	et address			
City - ST - ZiF	ATLANTA GA 30305	- I lar.	4.4 CITY 5.1 TITU	- ST - ZIP			
TITLE	VGCS	DELETE		ł		□ Cha	nge 🔲 Addition
NAME CAREET ABEREES	HAIN, MARK H  3535 PIEDMONT ROAD, NE		5.2 NAM	1			İ
STREET ADDRESS	ATLANTA GA 30305			EET AOORESS			
CITY - ST - ZIF TITLE	AS AS	DELETE	61 TITL	-ST-ZIP		Cha	nge Addition
NAME	CALDWELL, CONNIE S	Land Secretar	6.2 NAM			Emil One	-p- Last received
STREET ADDRESS				EET ADDRESS			ı
City - ST - 7IP	ATLANTA GA 30305		- 1	-ST-ZIP			•
		ied with this filing does not qua			ed in Section 119.07(3)(i), Florida Statu	tes. I further certify	that the

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 ne 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 the people on an attachment with an address.

SIGNATURE:

WHATTHE REQUIRED J. BRYAN

4-30-97 (404) 240-3002