

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

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May 04, 1999 8:00 am
Secretary of State

05-04-1999 90150 016 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000000202

1. Corporation Name
HEALTHTASK CORPORATION

Principal Place of Business
3535 PIEDMONT ROAD. NE
ATLANTA GA 30305

Mailing Address
3535 PIEDMONT ROAD. NE
ATLANTA GA 30305



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/11/1996	
21		26		4. FEI Number 58-2133411	Applied For Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	85 Zip Code FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARNER, DAN R	1.2 NAME	
STREET ADDRESS	2121 SAN JACINTO STREET, SUITE 500	1.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75201	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WULF, PATRICK	2.2 NAME	
STREET ADDRESS	3535 PIEDMONT ROAD, NE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30305	2.4 CITY-ST-ZIP	
TITLE	VTD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYAN, LARRY J	3.2 NAME	
STREET ADDRESS	3535 PIEDMONT ROAD, NE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30305	3.4 CITY-ST-ZIP	
TITLE	VGCS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAIN, MARK H	4.2 NAME	
STREET ADDRESS	3535 PIEDMONT ROAD, NE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30305	4.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALDWELL, CONNIE S	5.2 NAME	
STREET ADDRESS	3535 PIEDMONT ROAD, NE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30305	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Asst. Corporate Controller
STREET ADDRESS		6.3 STREET ADDRESS	Kathy McDevitt
CITY-ST-ZIP		6.4 CITY-ST-ZIP	3535 Piedmont Rd NE Atlanta, GA 30305

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

Kathy McDevitt 4/23/99 (404) 240-3000

CR2E034 (11/98)