

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Sep 03, 1999 8:00 am**  
**Secretary of State**

09-03-1999 90003 006 \*\*\*150.00

DOCUMENT # **F98000004911**

1. Corporation Name

**HEALTHSCAN SCREENING, INC.**

Principal Place of Business

PO BOX 6440  
ALEXANDRIA VA 22306

Mailing Address

PO BOX 6440  
ALEXANDRIA VA 22306

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/31/1998**

4. FEI Number **54-185 6064**

Applied For

**NOT APPLICABLE**

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 owes the current year  
Intangible Personal Property. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**RUSSELL, DIANE**  
**3383 BONITO LN**  
**MARGATE FL 33063**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME  
**RUSSELL, DIANE**  
STREET ADDRESS  
**3383 BONITO LN**  
CITY-ST-ZIP  
**MARGATE FL**

TITLE **S** ☐ DELETE

NAME  
**SOCRATES, SANDY**  
STREET ADDRESS  
**3313 AUDUBON AVE**  
CITY-ST-ZIP  
**ALEXANDRIA VA 22306**

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 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:

*Sandra W. Souter*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**202-937 3855**

CR2E034 (5/99)

**HealthScan Screening, Inc.**

Scanning for a Healthy Future  
3312 Audubon Avenue  
Alexandria, VA 22306

703-360-5741

F98000004911  
612335-90003-6

August 29, 1999

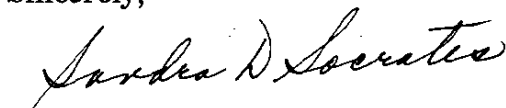
Division of Corporations  
Annual Reports Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Dear Sir/Madam:

I received a "2ND NOTICE" to send in an Annual Report and filing fee. Since I had never received a "1st Notice," nor an Annual Report to fill out, I called numerous numbers (starting with 850-488-9000). The woman I spoke to at your 850-922-4826 number advised me to send in the Annual Report I received with the second notice and a check for \$150.00. Both are enclosed.

Thank you very much.

Sincerely,



Sandra D. Socrates