

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J90038 (7)

1. Corporation Name

HEALTHSOURCE FLORIDA, INC.



Principal Place of Business

TWO COLLEGE PARK DR.
LEGAL DEPT.
HOOKSETT NH 03106
US

Mailing Address

TWO COLLEGE PARK DR.
LEGAL DEPT.
HOOKSETT NH 03106
US

3. Date Incorporated or Qualified

08/28/1987

3a. Date of Last Report

03/10/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number

06-1219738

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

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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-registering

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPS	<input type="checkbox"/> DELETE
NAME	PAYSON, NORMAN C.	
STREET ADDRESS	TWO COLLEGE PARK DR.	
CITY-STATE-ZIP	HOOKSETT NH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CONGORAN, THOMAS	
STREET ADDRESS	TWO COLLEGE PARK DR.	
CITY-STATE-ZIP	HOOKSETT NH	
TITLE	O	<input type="checkbox"/> DELETE
NAME	CONGORAN, THOMAS	
STREET ADDRESS	TWO COLLEGE PARK DRIVE	
CITY-STATE-ZIP	HOOKSETT NH	
TITLE	T	<input type="checkbox"/> DELETE
NAME	YI, RAMON	
STREET ADDRESS	TWO COLLEGE PARK DRIVE	
CITY-STATE-ZIP	HOOKSETT NH	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MOSES, ROBERT J	
STREET ADDRESS	TWO COLLEGE PARK DRIVE	
CITY-STATE-ZIP	HOOKSETT NH	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HECKER, SHARON W	
STREET ADDRESS	TWO COLLEGE PARK DRIVE	
CITY-STATE-ZIP	HOOKSETT NH	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert J. Moses, Secretary

January 18, 1996

603/268-7112

Daytime Phone #

CR2E034 (12/95)