NOTICE: CORPORATION WILL BE DISSOLVED IF NOT FILED ON OR BEFORE ... DUE ... SEND CHECK ... TO DEPARTMENT OF STATE

PROFIT CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 JUL -3 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K84325 (5)

1. Corporation Name
HEALTHEXPERT SYSTEMS, INC.

Principal Place of Business
7600 66TH ST. N
#201
PINELLAS PARK FL 34665
US

Mailing Address
% WILLIAM B. WILEY
12012 BOYETTE ROAD
RIVERVIEW FL 33569

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/01/1989
3a. Date of Last Report: 03/03/1994
4. FEI Number: 59-2957160 — Applied For / Not Applicable
5. Certificate of Status Desired [X] — $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. 199.0?? Florida Statutes [X] Yes [ ] No

2. Principal Place of Business
21 6200 Courtney Campbell Cswy
22 Suite, Apt #, etc.
23 City & State: Tampa FL
24 Zip: 33607
25 Country: USA

2a. Mailing Address
26 6200 Courtney Campbell Cswy
27 Suite, Apt #, etc.
28 City & State: Tampa FL
29 Zip: 33607
30 Country: USA

9. Name and Address of Current Registered Agent
WILEY, WILLIAM B.
STE 600 - FIRST FLORIDA BANK BLDG.
215 S. MONROE ST.
TALLAHASSEE FL 32301

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOEFLE, EDWARD C. 12012 BOYETTE RD RIVERVIEW FL	1 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Duck, Paul M. 1525 Powder Ridge Ct. Palm Harbor, FL 34683 [ ] Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KNAUS, RONALD L. 1520 GULF BLVD #1602 CLEARWATER FL	2 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHIVE, WAYNE M. 1330 MEDICAL PARK DR FT. WAYNE IN	3 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARRIMAN, MALCOLM B. 2528 MASON OAKS DR VALRICO FL	4 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		5 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		6 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition

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(1)(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: [signature] 6/15/95 813-281-1844

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

CR2E034 (3/95)

015609 FP