

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K84325**

(5)

1. Corporation Name

HEALTH EXPERT SYSTEMS, INC.



Principal Place of Business

**6200 COURTNEY CAMPBELL CSWY
#201
TAMPA FL 33607
US**

Mailing Address

**6200 COURTNEY CAMPBELL CSWY
12012 BOYETTE ROAD
TAMPA FL 33607
US**

3. Date Incorporated or Qualified
05/01/1989

3a. Date of Last Report
07/03/1995

2. Principal Place of Business

**21 6200 Courtney Campbell
Suite, Apt. #, etc. Cswy.**

22 1075

City & State

23 Tampa, FL

Zip

24 33607

Country

25 USA

2a. Mailing Address

**26 6200 Courtney Campbell
Suite, Apt. #, etc. Cswy**

27 1075

City & State

28 Tampa, FL

Zip

29 33607

Country

30 USA

4. FEI Number

59-2957160

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

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE **V** ☐ DELETE

NAME **DUCK, PAUL M.**
STREET ADDRESS **1525 POWDER RIDGE COURT**
CITY - ST - ZIP **PALM HARBOR FL**

TITLE **D** ☐ DELETE

NAME **KNAUS, RONALD L.**
STREET ADDRESS **1520 GULF BLVD #1602**
CITY - ST - ZIP **CLEARWATER FL**

TITLE **D** ☐ DELETE

NAME **SHIVE, WAYNE M.**
STREET ADDRESS **1330 MEDICAL PARK DR**
CITY - ST - ZIP **FT. WAYNE IN**

TITLE **D** ☐ DELETE

NAME **HARRIMAN, MALCOLM B.**
STREET ADDRESS **2528 MASON OAKS DR**
CITY - ST - ZIP **VALRICO FL**

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

NAME **D**
STREET ADDRESS **Hoefle, Edward C.**
CITY - ST - ZIP **12012 Boyette Rd. Riverview, FL**

2. 1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

3. 1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

4. 1 TITLE ☒ Change ☐ Addition

NAME **P**
STREET ADDRESS **Malcolm Harriman**
CITY - ST - ZIP **2528 Mason Oaks Drive**
Valrico, FL

5. 1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

6. 1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)