

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

FILED  
Apr 22 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M24030 (2)  
1. Corporation Name  
HEALTH TRAC, INC.

Principal Place of Business  
1812 RIGGINS ROAD  
SUITE B  
TALLAHASSEE FL 32308  
US

Mailing Address  
P. O. BOX 13552  
TALLAHASSEE FL 32317  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1233 N. Adams St. Suite, Apt. #, etc. 22 City & State Tallahassee FL Zip 32303 Country USA		2a. Mailing Address 26 1233 N. Adams St. Suite, Apt. #, etc. 27 City & State Tallahassee FL Zip 32303 Country USA		3. Date Incorporated or Qualified 11/27/1985	
23 1233 N. Adams St. Suite, Apt. #, etc. 24 City & State Tallahassee FL Zip 32303 Country USA		25 1233 N. Adams St. Suite, Apt. #, etc. 26 City & State Tallahassee FL Zip 32303 Country USA		4. FEI Number 59-2612718 Applied For Not Applicable	
27 1233 N. Adams St. Suite, Apt. #, etc. 28 City & State Tallahassee FL Zip 32303 Country USA		29 1233 N. Adams St. Suite, Apt. #, etc. 30 City & State Tallahassee FL Zip 32303 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
31 1233 N. Adams St. Suite, Apt. #, etc. 32 City & State Tallahassee FL Zip 32303 Country USA		33 1233 N. Adams St. Suite, Apt. #, etc. 34 City & State Tallahassee FL Zip 32303 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
35 1233 N. Adams St. Suite, Apt. #, etc. 36 City & State Tallahassee FL Zip 32303 Country USA		37 1233 N. Adams St. Suite, Apt. #, etc. 38 City & State Tallahassee FL Zip 32303 Country USA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

8. Name and Address of Current Registered Agent

NELSON-MORRILL, CRESTON  
RT. 3, BOX 567-L  
TALLAHASSEE FL 32308

81 Name  
Michael H. Adams  
82 Street Address (P.O. Box Number is Not Acceptable)  
1101 San Luis Rd.  
83  
84 City  
Tallahassee FL 85 Zip Code  
32304

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

*Michael H. Adams*

(NOTE: Registered Agent signature required when reinstating)

4/17/98

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P/D
NAME	NELSON-MORRILL, CRESTON	1.2 NAME	Michael H. Adams
STREET ADDRESS	RT 3 BOX 567-L	1.3 STREET ADDRESS	1101 San Luis Rd.
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	Tallahassee, FL 32304
TITLE		2.1 TITLE	V/P
NAME		2.2 NAME	Linda A. Adams
STREET ADDRESS		2.3 STREET ADDRESS	1101 San Luis Rd.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Tallahassee, FL 32304
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Michael H. Adams* (Michael H. Adams) 4/17/98 (RSA) 561-8722

CR2E034 (10/97)