

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M24030

1. Entity Name

HEALTH TRAC, INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90066 036 ***150.00

Principal Place of Business

1101 SAN LUIS RD
TALLAHASSEE FL 32304
US

Mailing Address

PO BOX 13552
TALLAHASSEE FL 32317-3552
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

2602 Armstrong Rd.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Zip

32312

Country

US

Zip

Country

4. FEI Number

59-2612718

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ADAMS, MICHAEL H.
1101 SAN LUIS RD
TALLAHASSEE FL 32304

Name

Street Address (P.O. Box Number is Not Acceptable)

2602 Armstrong Rd.

City

Tallahassee

FL

Zip Code

32312

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME ADAMS, MICHAEL H.
STREET ADDRESS 1101 SAN LUIS RD
CITY-ST-ZIP TALLAHASSEE FL 32304 ☐ Delete

TITLE PD
NAME Michael
STREET ADDRESS 2602 Armstrong Rd.
CITY-ST-ZIP Tallahassee, FL 32312 ☐ Change ☐ Addition

TITLE VST
NAME ADAMS, LINDA A.
STREET ADDRESS 1101 SAN LUIS RD
CITY-ST-ZIP TALLAHASSEE FL 32304 ☐ Delete

TITLE
NAME
STREET ADDRESS 2602 Armstrong Rd.
CITY-ST-ZIP Tallahassee, FL 32312 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael H. Adams 2/23/00 (850) 561-8722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)