

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N39848** (9)

1. Corporation Name

HEALTHTRAC RESEARCH GROUP, INC.



Principal Place of Business

Mailing Address

P.O. BOX 13552
TALLAHASSEE FL 32317-3552

P.O. BOX 13552
TALLAHASSEE FL 32317-3552

3. Date Incorporated or Qualified

09/10/1990

3a. Date of Last Report

04/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3037271

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$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

REEVES-LIPSCOMB, DORIS
2721 NEUCHATEL DRIVE
TALLAHASSEE FL 32303

81 Name

Doug Stowell

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

Stowell, Anton & Kraemer

83

201 So. Monroe St.

84 City

Tallahassee

FL

85 Zip Code

32301

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: D DELETE
NAME: REEVES-LIPSCOMB, DORIS
STREET ADDRESS: 2721 NEUCHATEL DRIVE
CITY-ST-ZIP: TALLAHASSEE FL 32303

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE: D DELETE
NAME: MORRILL, DAVID
STREET ADDRESS: RT 3 BOX 567-L
CITY-ST-ZIP: TALLAHASSEE FL 32308

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE: D DELETE
NAME: POLLOCK, DAWN
STREET ADDRESS: 1937 CHARLAIS STREET
CITY-ST-ZIP: TALLASSEE FL 32311

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE: D DELETE
NAME: Doug Stowell
STREET ADDRESS: Stowell, Anton & Kraemer
CITY-ST-ZIP: 201 So. Monroe St. Tallahassee, FL 32301

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE: D DELETE
NAME: Creston Nelson Morrill
STREET ADDRESS: PO Box 13552
CITY-ST-ZIP: Tallahassee, FL 32317

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Creston Nelson Morrill

Creston Nelson Morrill

11/22/96

Date

877-5111

Daytime Phone #

CR2E037 (12/95)