SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 24 AM 8:12

DOCUMENT # **P24351** **(9)**

1. Corporation Name
HEALTH ADVANTAGE, INC.

Principal Place of Business	Mailing Address
~~155 FRANKLIN RD. #451~~ ~~SUITE 401~~ ~~BRENTWOOD TN 37027-4046~~ ~~US~~	~~400 PRIMROSE. #200~~ ~~SUITE 401~~ ~~BURLINGAME CA 37027~~ ~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/16/1989	3a. Date of Last Report: 06/17/1994
4. FEI Number: 62-1331244	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 5310 Maryland Way	26
Suite, Apt. #, etc. 22 # 300	Suite, Apt. #, etc. 27
City & State 23 Brentwood, TN	City & State 28
Zip 24 37027 Country 25 US	Zip 29 Country 30

9. Name and Address of Current Registered Agent

CT CORPORATE SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION FL 33324

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 _____ (DATE)
Signature of new registered agent (if changing) (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☑ Change ☐ Addition
NAME	PERKINS, RON	12 NAME	
STREET ADDRESS	~~155 FRANKLIN RD, #451~~	13 STREET ADDRESS	5310 Maryland Way, #300
CITY-ST-ZIP	~~BRENTWOOD TN~~	14 CITY-ST-ZIP	Brentwood, TN 37027
TITLE	C	21 TITLE	☐ Change ☐ Addition
NAME	THIRY, KENT JAMES	22 NAME	
STREET ADDRESS	400 PRIMROSE, #200	23 STREET ADDRESS	
CITY-ST-ZIP	BURLINGAME CA	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	Director ☐ Change ☑ Addition
NAME	~~GREEN, ROBERT LEONARD~~	32 NAME	Zumwalt, LeAnne
STREET ADDRESS	~~400 PRIMROSE, #200~~	33 STREET ADDRESS	2 Mareblu
CITY-ST-ZIP	~~BURLINGAME CA~~	34 CITY-ST-ZIP	Laguna Hills, CA 92656
TITLE	~~DP~~	41 TITLE	☐ Change ☐ Addition
NAME	~~PERKINS, RONALD G.~~	42 NAME	
STREET ADDRESS	~~155 FRANKLIN, #451~~	43 STREET ADDRESS	
CITY-ST-ZIP	~~BRENTWOOD TN~~	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

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)(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: LeAnne Zumwalt 7/7/95 415-348-8200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0183737 FN