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 # **P25854** **(1)**

1. Corporation Name
HEALTHPRIME, INC.

Principal Place of Business
365 NORTHRIDGE RD.
#120
ATLANTA GA 30350

Mailing Address
365 NORTHRIDGE RD.
#120
ATLANTA GA 30350

3. Date Incorporated or Qualified: 08/31/1989
3a. Date of Last Report: 01/27/1995

2. Principal Place of Business
21 555 Sun Valley Dr.
Suite, Apt. #, etc.
22 Suite N-4
City & State
23 Roswell, GA
Zip 24 30076 Country 25

2a. Mailing Address
26 555 Sun Valley Dr.
Suite, Apt. #, etc.
27 Suite N-4
City & State
28 Roswell, GA
Zip 29 30076 Country 30

4. FEI Number: 58-1847823 — 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
THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
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 the date above (NOTE: Registered Agent's signature required when filing) Date

12. OFFICERS AND DIRECTORS

TITLE	CPT	☐ DELETE
NAME	MITTLEIDER, DOUGLAS K.	
STREET ADDRESS	365 NORTHRIDGE RD. #120	
CITY-ST-ZIP	ATLANTA GA	
TITLE	D	☐ DELETE
NAME	MITTLEIDER, DOUGLAS K.	
STREET ADDRESS	365 NORTHRIDGE RD. #120	
CITY-ST-ZIP	ATLANTA GA	
TITLE	VSD	☐ DELETE
NAME	FOXWORTHY, MICHAEL L.	
STREET ADDRESS	365 NORTHRIDGE RD., #120	
CITY-ST-ZIP	ATLANTA GA	
TITLE	AS	☐ DELETE
NAME	QUIROS, PAUL A.	
STREET ADDRESS	400 COLONY SQUARE	
CITY-ST-ZIP	ATLANTA GA	
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
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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***200.00

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
Douglas K. Mittleider - President

Date 4-10-96 Daytime Phone #

CR2E034 (12/95)