

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

FILED  
May 15 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 # **P25854** (1)  
1. Corporation Name  
**HEALTHPRIME, INC.**



Principal Place of Business <b>555 SUN VALLEY DR SUITE N-4 ROSWELL GA 30076</b>	Mailing Address <b>555 SUN VALLEY DR SUITE N-4 ROSWELL GA 30076</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>950 North Point Pkwy.</b> Suite, Apt. #, etc. 22 <b>Suite 100</b> City & State 23 <b>Alpharetta, GA</b> Zip 24 <b>30005-4134</b>		2a. Mailing Address 26 <b>950 North Point Pkwy.</b> Suite, Apt. #, etc. 27 <b>Suite 100</b> City & State 28 <b>Alpharetta, GA</b> Zip 29 <b>30005-4134</b>		3. Date Incorporated or Qualified <b>08/31/1989</b>	
25 <b>U.S.A.</b>		30 <b>U.S.A.</b>		4. FEI Number <b>58-1847823</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CPT</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MITTLEIDER, DOUGLAS K.</b>	1.2 NAME	
STREET ADDRESS	<b>365 NORTHRIDGE RD. #120</b>	1.3 STREET ADDRESS	<b>950 North Point Pkwy., Suite 100</b>
CITY-ST-ZIP	<b>ATLANTA GA</b>	1.4 CITY-ST-ZIP	<b>Alpharetta, GA 30005-4134</b>
TITLE	<b>D</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MITTLEIDER, DOUGLAS K.</b>	2.2 NAME	
STREET ADDRESS	<b>365 NORTHRIDGE RD. #120</b>	2.3 STREET ADDRESS	<b>950 North Point Pkwy., Suite 100</b>
CITY-ST-ZIP	<b>ATLANTA GA</b>	2.4 CITY-ST-ZIP	<b>Alpharetta, GA 30005-4134</b>
TITLE	<b>VSD</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FOXWORTHY, MICHAEL L.</b>	3.2 NAME	
STREET ADDRESS	<b>365 NORTHRIDGE RD., #120</b>	3.3 STREET ADDRESS	<b>950 North Point Pkwy., Suite 100</b>
CITY-ST-ZIP	<b>ATLANTA GA</b>	3.4 CITY-ST-ZIP	<b>Alpharetta, GA</b>
TITLE	<b>AS</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>QUIROS, PAUL A.</b>	4.2 NAME	
STREET ADDRESS	<b>400 COLONY SQUARE</b>	4.3 STREET ADDRESS	<b>191 Peachtree St., 46th Floor</b>
CITY-ST-ZIP	<b>ATLANTA GA</b>	4.4 CITY-ST-ZIP	<b>Atlanta, GA 30303</b>
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, on an annual report with an address.

SIGNATURE \_\_\_\_\_ DATE **5/15/98**

CR2E034 (10/97)