FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 24 AM 8:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P25866** **(5)**

1. Corporation Name

HEALTH EXAMINETICS, INC.

Principal Place of Business	Mailing Address
%ORGANIZATION SERVICES, INC. 100 SPRINGER BLVD., 3411 SILVERSIDE ROAD WILMINGTON DE 19810	%ORGANIZATION SERVICES, INC. 100 SPRINGER BLVD., 3411 SILVERSIDE ROAD WILMINGTON DE 19810

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/29/1989	3a. Date of Last Report: 05/01/1994
4. FEI Number: 22-2958635	☐ 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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26 c/o THE CORPORATION TRUST Co.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 1209 ORANGE ST.
City & State 23	City & State 28 WILMINGTON, DE
Zip 24 / County 25	Zip 29 19801 / Country 30 U SA

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	☐ Change ☐ Addition
NAME	SANDLER, MICHAEL F	12 NAME	
STREET ADDRESS	ONE MEDIQ PLAZA	13 STREET ADDRESS	
CITY-ST-ZIP	PENNSAUKEN NJ	14 CITY-ST-ZIP	
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	DEMSEY, ROBERT H.	22 NAME	
STREET ADDRESS	ONE MEDIQ PLAZA	23 STREET ADDRESS	
CITY-ST-ZIP	PENNSAUKEN NJ	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	ROSSMAN, PATRICIA L	32 NAME	
STREET ADDRESS	ONE MEDIQ PLAZA	33 STREET ADDRESS	
CITY-ST-ZIP	PENNSAUKEN NJ	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	SCHLOSS, EUGENE M., JR	42 NAME	
STREET ADDRESS	ONE MEDIQ PLAZA	43 STREET ADDRESS	
CITY-ST-ZIP	PENNSAUKEN NJ	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	MEYER, BRUCE H.	52 NAME	
STREET ADDRESS	ONE MEDIQ PLAZA	53 STREET ADDRESS	
CITY-ST-ZIP	PENNSAUKEN NJ	54 CITY-ST-ZIP	
TITLE	T	61 TITLE	☐ Change ☐ Addition
NAME	LAWLOR, MARK	62 NAME	
STREET ADDRESS	ONE MEDIQ PLAZA	63 STREET ADDRESS	
CITY-ST-ZIP	PENNSAUKEN NJ	64 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)(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: X Michael Sandler MICHAEL F SANDLER 3/22/95 (609)665-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0405130 FN