

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P25866 (5)
1. Corporation Name
HEALTH EXAMINETICS, INC.



Principal Place of Business: %ORGANIZATION SERVICES, INC. 103 SPRINGER BLVD. 3411 SILVERSIDE ROAD WILMINGTON DE 19810
Mailing Address: C/O THE CORPORATION TRUST CO. 1209 ORANGE ST WILMINGTON DE 19801 US

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, Apt. #, etc., City & State, Zip, and Country.

3. Date Incorporated or Qualified: 08/29/1989
3a. Date of Last Report: 04/24/1995
4. FEI Number: 22-2958635
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: CT CORPORATION SYSTEM, 1200 S. PINE ISLAND ROAD, PLANTATION FL 33324
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code (FL).

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] (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDLER, MICHAEL F	1.2 NAME	
STREET ADDRESS	ONE MEDIQ PLAZA	1.3 STREET ADDRESS	
CITY-ST-ZIP	PENNSAUKEN NJ	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMSEY, ROBERT H.	2.2 NAME	
STREET ADDRESS	ONE MEDIQ PLAZA	2.3 STREET ADDRESS	
CITY-ST-ZIP	PENNSAUKEN NJ	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSSMAN, PATRICIA L	3.2 NAME	
STREET ADDRESS	ONE MEDIQ PLAZA	3.3 STREET ADDRESS	
CITY-ST-ZIP	PENNSAUKEN NJ	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHLOSS, EUGENE M., JR	4.2 NAME	
STREET ADDRESS	ONE MEDIQ PLAZA	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENNSAUKEN NJ	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYER, BRUCE H.	5.2 NAME	
STREET ADDRESS	ONE MEDIQ PLAZA	5.3 STREET ADDRESS	
CITY-ST-ZIP	PENNSAUKEN NJ	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWLOR, MARK	6.2 NAME	
STREET ADDRESS	ONE MEDIQ PLAZA	6.3 STREET ADDRESS	
CITY-ST-ZIP	PENNSAUKEN NJ	6.4 CITY-ST-ZIP	

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PM 5/1/96

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] MICHAEL F SANDLER Date: (609) 665-9300 Daytime Phone #

CR2E034 (12/95)