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 MAY -1 PM 5:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P34976 (1)

1. Corporation Name
HEALTHMASTER, INC.

Principal Place of Business
1030 STEVENS CREEK RD.
AUGUSTA GA 30907
US

Mailing Address
P. O. BOX 60038
AUGUSTA GA 30909
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/06/1991
3a. Date of Last Report: 08/10/1994
4. FEI Number: 58-1586253 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired XX — $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 XX No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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 title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	1 TITLE	PCD [X] Change [ ] Addition
NAME	GARRISON, JEANETTE G.	1 NAME	G. Peter Molloy, Jr.
STREET ADDRESS	1048 CLAUSSEN ROAD	1 STREET ADDRESS	1048 Claussen Road
CITY, ST, ZIP	AUGUSTA GA	1 CITY, ST, ZIP	Augusta, GA 30907
TITLE	VD	2 TITLE	VD [X] Change [ ] Addition
NAME	GARRISON, JOSEPH M., DR.	2 NAME	Mittie F. Pedraza
STREET ADDRESS	1048 CLAUSSEN ROAD	2 STREET ADDRESS	1048 Claussen Road
CITY, ST, ZIP	AUGUSTA GA	2 CITY, ST, ZIP	Augusta, GA 30907
TITLE	SD	3 TITLE	[ ] Change [ ] Addition
NAME	MOLLOY, G. PETER, JR.	3 NAME	
STREET ADDRESS	1048 CLAUSSEN ROAD	3 STREET ADDRESS	
CITY, ST, ZIP	AUGUSTA GA	3 CITY, ST, ZIP	
TITLE	TD	4 TITLE	TD [X] Change [ ] Addition
NAME	KELLY, DENNIS J.	4 NAME	G. Peter Molloy, Jr.
STREET ADDRESS	1048 CLAUSSEN ROAD	4 STREET ADDRESS	1048 Claussen Road
CITY, ST, ZIP	AUGUSTA GA	4 CITY, ST, ZIP	Augusta, GA 30907
TITLE		5 TITLE	[ ] Change [ ] Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY, ST, ZIP		5 CITY, ST, ZIP	
TITLE		6 TITLE	[ ] Change [ ] Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY, ST, ZIP		6 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: [signature] 4/25/95 706-733-1191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0400700 FN