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 # **P38029** **(5)**

1. Corporation Name
HEALTHFIELD, INC.

Principal Place of Business	Mailing Address
6666 POWERS FERRY ROAD. SUITE 328 ATLANTA GA 30339	6666 POWERS FERRY ROAD. SUITE 328 ATLANTA GA 30339

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

3. Date Incorporated or Qualified **03/24/1992**	3a. Date of Last Report **04/25/1995**
4. FEI Number **58-1819650**	☐ 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

C T CORPORATION SYSTEM
1200 SOUTH 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 individual with authority to sign on behalf of corporation
NOTE: Registered Agent signature required if changing registered agent.

12. OFFICERS AND DIRECTORS		DELETE
TITLE	CP	
NAME	WINDLEY, RODNEY D.	
STREET ADDRESS	6666 POWERS FERRY RD	
CITY-ST-ZIP	ATLANTA GA	
TITLE	D	☐
NAME	ROSS, DANIEL D.	
STREET ADDRESS	6666 POWERS FERRY RD	
CITY-ST-ZIP	ATLANTA GA	
TITLE	S	☐
NAME	SORRENTINO, KATHLEEN M.	
STREET ADDRESS	6666 POWERS FERRY RD	
CITY-ST-ZIP	ATLANTA GA	
TITLE	D	☐
NAME	LEVINE, THOMAS	
STREET ADDRESS	6666 POWERS FERRY RD, STE. 328	
CITY-ST-ZIP	ATLANTA GA	
TITLE	D	☐
NAME	JENKINS, GEORGE	
STREET ADDRESS	6666 POWERS FERRY RD, STE. 328	
CITY-ST-ZIP	ATLANTA GA	
TITLE		☐
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change / Addition
1 1 TITLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY-ST-ZIP		☐ / ☐
2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY-ST-ZIP		☐ / ☐
3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY-ST-ZIP		☐ / ☐
4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CITY-ST-ZIP		☐ / ☐
5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY-ST-ZIP		☐ / ☐
6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS 6 4 CITY-ST-ZIP	800001828268 -05/20/96--01022--013 ***200.00	☐ / ☐

CR2E034 (12/95)

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: _____ 4/23/96 _____ 770-953-3510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
KATHLEEN M. SORRENTINO

0003379 CP