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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 PM 2:40

DOCUMENT # F93000000427 (5)

1. Corporation Name
HEALTH INITIATIVES, INC.

Principal Place of Business	Mailing Address
410 AMHERST ST NASHUA NH 03063 US	P.O. BOX 2028 NASHUA NH 03061-2028 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/14/1993
3a. Date of Last Report: 04/06/1994

2. Principal Place of Business
21 410 Amherst St.
Suite, Apt. #, etc.: 22
City & State: 23 Nashua, NH
Zip: 24 03063 Country: 25 USA

2a. Mailing Address
26 P.O. Box 2028
Suite, Apt. #, etc.: 27
City & State: 28 Nashua, NH
Zip: 29 03061-2028 Country: 30 USA

4. FEI Number: 02-0449033 ☐ 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

INSURANCE COMMISSIONER
THE CAPITOL BLDG.
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 _____ 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	DC	1.1 TITLE	Director, Chairman, Interim President	☒ Change ☐ Addition
NAME	SQUIRES, JAMES	1.2 NAME		
STREET ADDRESS	589 WEST HOLLIS ST.	1.3 STREET ADDRESS	410 Amherst St.	
CITY-ST-ZIP	NASHUA NH 03061	1.4 CITY-ST-ZIP	Nashua, NH 03063	
TITLE	DP	2.1 TITLE		☒ Change ☐ Addition
NAME	MARSH, MARTHA	2.2 NAME	DELETE	
STREET ADDRESS	589 WEST HOLLIS ST.	2.3 STREET ADDRESS		
CITY-ST-ZIP	NASHUA NH 03061	2.4 CITY-ST-ZIP		
TITLE	DT	3.1 TITLE		☒ Change ☐ Addition
NAME	PAGE, EVERETT	3.2 NAME		
STREET ADDRESS	589 WEST HOLLIS ST.	3.3 STREET ADDRESS	410 Amherst St.	
CITY-ST-ZIP	NASHUA NH 03061	3.4 CITY-ST-ZIP	Nashua, NH 03063	
TITLE	S	4.1 TITLE		☒ Change ☐ Addition
NAME	GALE, KENNETH	4.2 NAME		
STREET ADDRESS	589 WEST HOLLIS ST.	4.3 STREET ADDRESS	10 Tara Blvd.	
CITY-ST-ZIP	NASHUA NH 03061	4.4 CITY-ST-ZIP	Nashua, NH 03061	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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: _____ Everett W. Page 1/25/95 603/595-4441
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0483070 FN