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 # **P93000041731 (9)**

1. Corporation Name

HEALTH DESIGNS, INC.

Principal Place of Business

7014 CYPRESS BRIDGE DR N
PONTE VEDRA BEACH FL 32082

Mailing Address

7014 CYPRESS BRIDGE DR N
PONTE VEDRA BEACH FL 32082

3. Date Incorporated or Qualified: **06/14/1993**

3a. Date of Last Report: **03/17/1995**

4. FEI Number: **59-3187175** ☐ 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

2. Principal Place of Business
21 13000 Sawgrass Village
Suite, Apt. #, etc.
22 Suite 14
City & State
23 Ponte Vedra Beach, FL
Zip 24 32082 Country 25 USA

2a. Mailing Address
26 13000 Sawgrass Village Cir.
Suite, Apt. #, etc.
27 Suite 14
City & State
28 Ponte Vedra Beach, FL
Zip 29 32082 Country 30 USA

9. Name and Address of Current Registered Agent

SABBAG, ANN D
7014 CYPRESS BRIDGE DR N
PONTE VEDRA BEACH FL 32082

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
13000 Sawgrass Village Circle, Ste. 14
83
84 City
Ponte Vedra Beach **FL** 85 Zip Code 32082

11. Pursuant to the provisions of Section(s) 607.0505 and (or) 1608, 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 _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE	PSTD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SABBAG, ANN D		1.2 NAME	
STREET ADDRESS	7014 CYPRESS BRIDGE DR N		1.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082		1.4 CITY ST ZIP	
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY ST ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY ST ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY ST ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY ST ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY ST ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is true, complete, and accurate; I am not aware of any material omission; 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 added above or on an attachment with an blank address.

SIGNATURE: Ann D Sabbag President 4/1/96 (904)285-2019

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #