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 APR 26 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000062014 (4)

1. Corporation Name
HEALTH FACTORS, INC.

Principal Place of Business	Mailing Address
9075 SEMINOLE BLVD STE - B SEMINOLE FL 34642 US	9075 SEMINOLE BLVD STE - B SEMINOLE FL 34642 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/03/1993	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3199708	☐ 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	

21 Principal Place of Business: 10495 113th Circle N.	26 Mailing Address:
22 Suite, Apt. #, etc.: Suite 102	27 Suite, Apt. #, etc.:
23 City & State: Largo FL	28 City & State:
24 Zip: 34643 25 Country: US	29 Zip: 30 Country:

9. Name and Address of Current Registered Agent

SCHIFINO, WILLIAM J
ONE TAMPA CENTER DR SUITE 2700
201 N FRANKLIN ST
TAMPA FL 33602

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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	SANTOSTASSI, PAUL	1.2 NAME	
STREET ADDRESS	% 6950 BRIAN DAIRY RD Remove	1.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 34647	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	CONARD, ANN L	2.2 NAME	
STREET ADDRESS	5869 LONG BAYOU WAY SO	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	PHILLIPS, BRETT	3.2 NAME	
STREET ADDRESS	6950 BRAIN DAIRY RD Remove	3.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	3.4 CITY-ST-ZIP	
TITLE	ST	4.1 TITLE	☐ Change ☐ Addition
NAME	BAPTIST, MARGO	4.2 NAME	
STREET ADDRESS	5432 104TH WAY NO	4.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	4.4 CITY-ST-ZIP	
TITLE	VP, D	5.1 TITLE	VP, D ☐ Change ☒ Addition
NAME	Scott Conard	5.2 NAME	Conard, Scott
STREET ADDRESS		5.3 STREET ADDRESS	5869 Long Bayou Way S.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	St. Petersburg FL 3
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: X Ann L Conard Ann L Conard X 4/20/95 X 813-547-4441
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON SIGNING (SEE INSTRUCTIONS) (DATE) (DAYTIME PHONE #)

0362486 CP