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Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000062014 (4)

1. Corporation Name
HEALTH FACTORS, INC.

Principal Place of Business	Mailing Address
6925 112TH CIRCLE N SUITE 102 LARGO FL 34643 US	6925 112TH CIRCLE N SUITE 102 LARGO FL 33773-5200 US

3. Date Incorporated or Qualified: **09/03/1993**
3a. Date of Last Report: **05/01/1996**
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

2. Principal Place of Business	2a. Mailing Address
21 101 Sun Lane NE	26 101 Sun Lane NE
Suite, Apt # etc 22	Suite, Apt #, etc. 27
City & State 23 Albuquerque NM	City & State 28 Albuquerque NM
Zip 24 87109 Country 25 USA	Zip 29 87109 Country 30 USA

9. Name and Address of Current Registered Agent

MARK R. MIKLOS
6925 112TH CIRCLE, N.
SUITE 102
LARGO FL 34643

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	VD	☐ DELETE	1.1 TITLE	Vice President	☒ Change ☐ Addition
NAME	CONRAD, SCOTT		1.2 NAME	Scott Conard	
STREET ADDRESS	5869 LONG BAYOU WAY S.		1.3 STREET ADDRESS	15548 Redington Beach Dr.	
CITY-ST-ZIP	ST PETERSBURG FL		1.4 CITY-ST-ZIP	Redington Beach, FL 33708	
TITLE	PD	☐ DELETE	2.1 TITLE	Vice President	☒ Change ☐ Addition
NAME	CONARD, ANN L		2.2 NAME	Ann Conard	
STREET ADDRESS	5869 LONG BAYOU WAY SO		2.3 STREET ADDRESS	15548 Redington Beach Dr.	
CITY-ST-ZIP	ST PETE FL		2.4 CITY-ST-ZIP	Redington Beach, FL 33708	
TITLE	ST	☒ DELETE	3.1 TITLE	President	☐ Change ☒ Addition
NAME	BAPTIST, MARGO		3.2 NAME	Michael Slice	
STREET ADDRESS	5432 104TH WAY NO		3.3 STREET ADDRESS	101 Sun Lane NE	
CITY-ST-ZIP	SEMINOLE FL		3.4 CITY-ST-ZIP	Albuquerque, NM 87109	
TITLE		☐ DELETE	4.1 TITLE	Secretary	☐ Change ☒ Addition
NAME			4.2 NAME	Nikki J. Mann	
STREET ADDRESS			4.3 STREET ADDRESS	101 Sun Lane NE	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Albuquerque, NM 87109	
TITLE		☐ DELETE	5.1 TITLE	Vice President/Controller	☐ Change ☒ Addition
NAME			5.2 NAME	William C. Warrick	
STREET ADDRESS			5.3 STREET ADDRESS	101 Sun Lane NE	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Albuquerque, NM 87109	
TITLE		☐ DELETE	6.1 TITLE	Sr. VP/Chairman of Board/Director	☐ Change ☒ Addition
NAME			6.2 NAME	Warren S. Schelling	
STREET ADDRESS			6.3 STREET ADDRESS	101 Sun Lane NE	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Albuquerque, NM 87109	

14. I do hereby certify that the information supplied with this filing 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: Nikki J. Mann — SIGNATURE REQUIRED   4/25/97   505 821 3365
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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