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 MAY 11 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000014081 (1)**

1. Corporate Name

HEALTH SYSTEMS PLUS, INC.

Principal Place of Business

1644 HAWTHORNE STREET
SARASOTA FL 34239

Mailing Address

1644 HAWTHORNE STREET
SARASOTA FL 34239

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/17/1994**

3a. Date of Last Report: **N/A**

2. Principal Place of Business — 21 — Suite, Apt. # or Bldg. — 22 — City & County — 23 — State — 24 — Country — 25

2a. Mailing Address — 26 — Suite, Apt. # or Bldg. — 27 — City & State — 28 — Zip — 29 — Country — 30

4. FEI Number: **65-0472115** ☐ 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

DUNKLE, SHEILA B
1644 HAWTHORNE STREET
SARASOTA FL 34239

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 Section 607.0502 and/or 617.1928, 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

(If changing Registered Agent, Registered Agent must sign here.) (If changing Registered Agent, Registered Agent must sign here.) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95	
01 TITLE	D	01 TITLE	☐ Change ☐ Addition
02 NAME	DUNKLE, SHEILA B	02 NAME	
03 STREET ADDRESS	1644 HAWTHORNE STREET	03 STREET ADDRESS	
04 CITY ST ZIP	SARASOTA FL 34239	04 CITY ST ZIP	
05 TITLE		05 TITLE	☐ Change ☐ Addition
06 NAME		06 NAME	
07 STREET ADDRESS		07 STREET ADDRESS	
08 CITY ST ZIP		08 CITY ST ZIP	
09 TITLE		09 TITLE	☐ Change ☐ Addition
10 NAME		10 NAME	
11 STREET ADDRESS		11 STREET ADDRESS	
12 CITY ST ZIP		12 CITY ST ZIP	
13 TITLE		13 TITLE	☐ Change ☐ Addition
14 NAME		14 NAME	
15 STREET ADDRESS		15 STREET ADDRESS	
16 CITY ST ZIP		16 CITY ST ZIP	
17 TITLE		17 TITLE	☐ Change ☐ Addition
18 NAME		18 NAME	
19 STREET ADDRESS		19 STREET ADDRESS	
20 CITY ST ZIP		20 CITY ST ZIP	
21 TITLE		21 TITLE	☐ Change ☐ Addition
22 NAME		22 NAME	
23 STREET ADDRESS		23 STREET ADDRESS	
24 CITY ST ZIP		24 CITY ST ZIP	

14. To the best of my knowledge, I certify that the information supplied with this filing is absolutely true and correct, that I am duly authorized and do 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 with an address, with an asterisk, or attached with an address.

SIGNATURE: Sheila B Dunkle — 5/4/95 — 813-955-8118

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0344418 CP