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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

'CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # P94000030687 (5)

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-02/09/95--01133--013
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

1. Corporation Name
HEALTHFILE, INC.

Principal Place of Business	Mailing Address
433 HARRISON AVE PANAMA CITY FL 32401	433 HARRISON AVE PANAMA CITY FL 32401

3. Date Incorporated or Qualified: 04/19/1994
3a. Date of Last Report:

2. Principal Place of Business
21 1659 Jenks Ave
Suite, Apt. #, etc.: 22 C
City & State: 23 Panama City, FL
Zip: 24 32401 Country: 25 USA (BAY)

2a. Mailing Address
26 1603 Dewitt st
Suite, Apt. #, etc.: 27
City & State: 28 Panama City
Zip: 29 FL. Country: 30 USA (BAY)

4. FEI Number: 59-3242907 ☐ 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

SCOTT, M N
433 HARRISON AVE
PANAMA CITY FL 32401

10. Name and Address of New Registered Agent

81 Name: M.N. Scott
82 Street Address (P.O. Box Number is Not Acceptable): 1603 Dewitt st
83
84 City: Panama City FL 85 Zip Code: 32401

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: M.N. Scott (M. Nelson Scott, Pres.) 1/11/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	Scott Snead no longer with company in any capacity	☒ Change ☐ Addition (Delete)
NAME	SNEAD, SCOTT	12 NAME		
STREET ADDRESS	P O BOX 12146	13 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32401	14 CITY-ST-ZIP		
TITLE	D	21 TITLE	P/D	☒ Change ☐ Addition
NAME	SCOTT, M N	22 NAME	M N Scott	
STREET ADDRESS	P O BOX 12146	23 STREET ADDRESS	PO Box 12146 (N/A)	
CITY-ST-ZIP	PANAMA CITY FL 32401	24 CITY-ST-ZIP	Panama City FL 32401	
TITLE	D	31 TITLE	V/D	☒ Change ☐ Addition
NAME	SCOTT, LEE M	32 NAME	Lee M Scott	
STREET ADDRESS	P O BOX 12146	33 STREET ADDRESS	PO Box 12146 (N/A)	
CITY-ST-ZIP	PANAMA CITY FL 32401	34 CITY-ST-ZIP	Panama City FL 32401	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 added by an attachment with an address.

SIGNATURE: M.N. Scott M. Nelson Scott 1/11/95 904-784-7033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0020004 CP