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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 25 AM 8:13

DOCUMENT # P94000047806 (2)

1. Corporation Name
HEALTHSCAN INC.

Principal Place of Business
~~6800 S.W. 40 STREET~~
~~SUITE 389~~
~~MIAMI FL 33155~~

Mailing Address
~~P. O. BOX 521291~~
~~MIAMI FL 33152~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/20/1994
3a. Date of Last Report:

2. Principal Place of Business
21 2550 NW 72 AVE
22 Suite, Apt. #, etc: SUITE #208
23 City & State: MIAMI, FL
24 Zip: 33122 25 Country:

2a. Mailing Address
26 2550 N.W 72 AVE.
27 Suite, Apt. #, etc: SUITE #208
28 City & State: MIAMI, FL
29 Zip: 33122 30 Country:

4. FEI Number: 65-0499416 ☐ 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
MORALES, JACKIE
~~6800 S.W. 40 STREET~~
~~SUITE 389~~
~~MIAMI FL 33155~~

10. Name and Address of New Registered Agent
81 Name: MORALES, JACKIE
82 Street Address (P.O. Box Number is Not Acceptable)
83 2550 N.W 72 AVE #208
84 City: MIAMI FL 85 Zip Code: 33122

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 ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	PST ☒ Change ☐ Addition
NAME	MORALES, JACKIE	1.2 NAME	MORALES, JACKIE
STREET ADDRESS	~~6800 S.W. 40 STREET, SUITE 389~~	1.3 STREET ADDRESS	2550 N.W 72 AVE #208
CITY ST ZIP	~~MIAMI FL 33155~~	1.4 CITY ST ZIP	MIAMI, FL 33122
TITLE	VPD	2.1 TITLE	VPD ☒ Change ☐ Addition
NAME	MORALES, JACKIE	2.2 NAME	MORALES, JACKIE
STREET ADDRESS	~~6800 S.W. 40 STREET, SUITE 389~~	2.3 STREET ADDRESS	2550 N.W 72 AVE #208
CITY ST ZIP	~~MIAMI FL 33155~~	2.4 CITY ST ZIP	MIAMI, FL 33122
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
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: Jackie Morales JACKIE MORALES 7/20/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0420175 FP