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 JUL 12 AM 8:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000083318 (3)

1. Corporation Name
FINANCIAL HEALTH SPECIALISTS, INC.

Principal Place of Business	Mailing Address
5729 BENT PINE DR #114 ORLANDO FL 32822	5729 BENT PINE DR #114 ORLANDO FL 32822

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/10/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 5728 major Blvd.	26 5728 major Blvd
Suite, Apt. #, etc. 22 Suite 609	Suite, Apt. #, etc. 27 Suite 609
City & State 23 Orlando Florida	City & State 28 Orlando Florida
Zip 24 32819 Country 25	Zip 29 32819 Country 30

4. FEI Number: 59-3286807 ☐ 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

9. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GANN, EDWARD A 5729 BENT PINE DR #114 ORLANDO FL 32822	81 Name: Douglas macdonald 82 Street Address (P.O. Box Number is Not Acceptable): 6242 SANDCREST CIR C 83 84 City: ORLANDO FL 85 Zip Code: 32819

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, type 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		11 TITLE	☐ Change ☐ Addition
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	
CITY-ST-ZIP		14 CITY-ST-ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	500001536015
STREET ADDRESS		23 STREET ADDRESS	-07/12/95--01073--013
CITY-ST-ZIP		24 CITY-ST-ZIP	****225.00 ****225.00
TITLE	Officer	31 TITLE	☐ Change ☐ Addition
NAME	doug macdonald	32 NAME	
STREET ADDRESS	6242 Sandcrest cr.	33 STREET ADDRESS	
CITY-ST-ZIP	orlando FL 32819	34 CITY-ST-ZIP	
TITLE	Director	41 TITLE	☐ Change ☐ Addition
NAME	Edward Gann	42 NAME	
STREET ADDRESS	5729 Bent Pine Dr. #114	43 STREET ADDRESS	
CITY-ST-ZIP	orlando, FL. 32822	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	

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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)(k), 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: Edward Gann 5/2/95 (407)352-4707
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0062732 CP