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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 # **P95000010251 (3)**

1. Corporation Name
HEALTHY IMAGES, INC.

Principal Place of Business	Mailing Address
8 W. CEDAR ST. PENSACOLA FL 32501	8 W. CEDAR ST. PENSACOLA FL 32501-5950

3. Date Incorporated or Qualified: 02/02/1995
3a. Date of Last Report: 03/14/1996
4. FEI Number: 59-3294482 ☐ 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 2616 N. 12th Ave.	26 2616 N. 12th Ave.
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23 Pensacola, FL	City & State: 28 Pensacola, FL
Zip: 24 32503 — Country: 25 Escambia	Zip: 29 32503 — Country: 30 Escambia

9. Name and Address of Current Registered Agent

RAY, KIEVIT & KELLY, P.A.
15 WEST MAIN STREET
PENSACOLA FL 32501

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 ______ (NOTE: Registered Agent signature required when reinstating) DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: VP NAME: BENTON, ALLAN STREET ADDRESS: 8 W. CEDAR ST. CITY-ST-ZIP: PENSACOLA FL 32501	☐ DELETE	1.1 TITLE: VP 1.2 NAME: Benton, Allan 1.3 STREET ADDRESS: 2616 N. 12th Ave 1.4 CITY-ST-ZIP: Pensacola, FL 32503	☒ Change ☐ Addition
TITLE: P NAME: CAMPFIELD, CINDY STREET ADDRESS: 8 W. CEDAR ST. CITY-ST-ZIP: PENSACOLA FL 32501	☐ DELETE	2.1 TITLE: P 2.2 NAME: Campfield, Cynthia 2.3 STREET ADDRESS: 2616 N. 12th Ave 2.4 CITY-ST-ZIP: Pensacola, FL 32503	☒ Change ☐ Addition
TITLE: VP NAME: HESS, ELIZABETH STREET ADDRESS: 8 W. CEDAR ST. CITY-ST-ZIP: PENSACOLA FL 32501	☐ DELETE	3.1 TITLE: VP 3.2 NAME: Hess, Elizabeth 3.3 STREET ADDRESS: 2616 N. 12th Ave 3.4 CITY-ST-ZIP: Pensacola, FL 32503	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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: Cynthia Campfield — March 03, 1997 — 904-433-2020

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