

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000030546 (2)

1. Corporation Name

HEALTH-LINK SOUTHEAST, INC.



Principal Place of Business

1400 VILLAGE SQUARE BLVD.  
SUITE 3-324  
TALLAHASSEE FL 32312

Mailing Address

1400 VILLAGE SQUARE BLVD.  
SUITE 3-324  
TALLAHASSEE FL 32312

3. Date Incorporated or Qualified

04/19/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WATKINS, STEVE M III  
155 OFFICE PLAZA DR.  
TALLAHASSEE FL 32301

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

Signature typed or printed name of registered agent, and if not applicable, "None Registered Agent Signature Required for Registration"

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

President  
Corrie C. Moor  
3640 PineTip Rd  
Tallahassee, FL 32312

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DELETE

1. TITLE  
2. NAME  
3. STREET ADDRESS  
4. CITY - ST - ZIP

Change Addition

2. TITLE  
3. NAME  
4. STREET ADDRESS  
5. CITY - ST - ZIP

Change Addition

3. TITLE  
4. NAME  
5. STREET ADDRESS  
6. CITY - ST - ZIP

Change Addition

4. TITLE  
5. NAME  
6. STREET ADDRESS  
7. CITY - ST - ZIP

Change Addition

5. TITLE  
6. NAME  
7. STREET ADDRESS  
8. CITY - ST - ZIP

Change Addition

600001829956

05/20/96 01060-007  
\*\*\*200.00

Change Addition

32  
5.1

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:

Corrie C. Moor, President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Corrie C. Moor 5/1/96 904/993-3523

Date

Daytime Phone #

CR2E034 (12/95)