Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90081 036 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEFARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500030546

1. Corporation Name

HEALTHI INIK COLITHEACT INC

UEALIS	TINK SOUTHER	ot, mo.					
Principal Flac	e of Business		Mailing Address				F : Dailfant (in idide diret akitt adile motet kiren erete anter andet aret ean
1400 VILLAGE SQUARE BLVD. SUITE 3-324 TALLAHASSEE FL 32312 1400 VILLAGE SQUARE BLVD. SUITE 3-324 TALLAHASSEE FL 32312						DO NOT WRITE IN THIS SPACE	
							3. Date Incorporated or Qualifed 04/19/1995
2. Principal P	lace of Business		2a. Mailing Addre	ne Tip	Rd		4. FEI Number Applied For 59-3310609 No: Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, (5. Certificate of Status Desired S8.75 Additional Fee Required
City & Stat	e		City & State	jssiee	, F	<u></u>	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zip	Coult 25	try	29 32312		Country	9	8. This corporation owes the current year Intangible Personal Property Tax. Yes No
<u></u>	9. Name and Add	ress of Curren	Registered Agent				10. Name and Address of New Registered Agent
					81	Name	
WATKINS, STEVE M III 325 John Knox Rd, The Atrium					82	Street Ad	vidress (P.O. Box Number is Not Acceptable)
STE 106					83		~
TALI	LAHASSEE FL 3230	3			84	City	FI 85 Zip Code
office or r	registered agent, or bo im familiar with, and a	th, in the State o cept the obligat	of Florida, Such chang ons of, Section 607.0	e was autho 505, Florida	nzed by Statutes	the corpor.	exportation submits this statement for the purpose of changing its registered rution's board of directors. I hereby accept the appointment as registered
12.	Signature, typed or printed na	OFFICERS AN		(NOTE. Regit	13.	t signature req	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	OFFICERS AIV	DIRECTORS	LETE	1.1 TITLE		Change Additio
NAME	MOOR, CORRIE (}		_	1.2 NAME	Ì	
STREET ADORESS	3640 PINETIP RD				1.3 STREET	ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FI				1.4 CITY-ST	r-ZIP	
TITLE			☐ DE	LETE	2.1 TITLE		☐ Change ☐ Additio
NAME					2.2 NAME		
STREET ADDRESS				1	2.3 STREET	ADDRESS	
CITY-ST-ZIP					2. 4 CITY-S	T-ZIP	
TITLE			☐ DE		3.1 TITLE		☐ Change ☐ Additio
NAME					3.2 NAME		
STREET ADDRESS					3.3 STREET		
CITY-ST-ZIP			☐ DE		3.4. CITY-S 4.1 TITLE	r-ZIP	☐ Change ☐ Additio
TITLE				1	4. 2 NAME		E
NAME expect appending					4. 2 NAME 4.3 STREET	ADDRESS	
STREET ADDRE SS	1			1	4.4 CITY-S	1	
CITY-ST-ZIP					5.1 TITLE	1- <u>E</u> II	☐ Change ☐ Additio
NAME	ļ				52 NAME	(
					63 STDEET	ADDRESS	

14. I 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 of 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, driving an attachment with all other like empowered.

5.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

Daytime Phone # Date

Change

Addition