FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000035771 (1)**

1. Corporation Name

HEALTH RESEARCH ANALYSTS INC

Principal Place of Business

8 APPALOOSA TRAIL
ORMOND BEACH FL 32174

Mailing Address

8 APPALOOSA TRAIL
ORMOND BEACH FL 32174

3. Date Incorporated or Qualified: 05/03/1995

3a. Date of Last Report:

2. Principal Place of Business
21: 231 E. GRANADA BLVD
22 Suite, Apt. #, etc.: Apt 261
23 City & State: ORMOND BEACH, FL.
24 Zip: 32176
25 County: USA

2a. Mailing Address
26: 231 E. GRANADA BLVD
27 Suite, Apt. #, etc.: Apt 261
28 City & State: ORMOND BEACH, FL.
29 Zip: 32176
30 County: USA

4. FEI Number: 59-3314434 ☐ 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

PEPUS, MARTIN
8 APPALOOSA TRAIL
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

81 Name: ERIN G. PEPUS
82 Street Address (P.O. Box Number is Not Acceptable): 231 E. GRANADA BLVD
83: Apt 261
84 City: ORMOND BEACH FL 85 Zip Code: 32176

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.

X SIGNATURE: [signature] DATE: 3-11-96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	11 TITLE		☒ Change ☐ Addition
NAME	PEPUS, MARTIN		12 NAME		
STREET ADDRESS	8 APPALOOSA TRAIL		13 STREET ADDRESS	231 E GRANADA BLVD APT 261	
CITY-ST-ZIP	ORMOND BEACH FL 32174		14 CITY-ST-ZIP	ORMOND BEACH, FL. 32176	
TITLE	D	☐ DELETE	21 TITLE		☒ Change ☐ Addition
NAME	PEPUS, ERIN G		22 NAME		
STREET ADDRESS	8 APPALOOSA TRAIL		23 STREET ADDRESS	231 E GRANADA BLVD APT 261	
CITY-ST-ZIP	ORMOND BEACH FL 32174		24 CITY-ST-ZIP	ORMOND BEACH, FL. 32176	
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (12/95)

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: Martin Pepus 3-15-96 904-672-5171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number