

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 # P95000037506 (9)

1. Corporation Name

HEALTH MAGIC, INC.

Principal Place of Business

Mailing Address

**2400 BEDFORD RD.
ORLANDO FL 32803**

**2400 BEDFORD RD.
ORLANDO FL 32803**



3. Date Incorporated or Qualified

05/01/1995

3a. Date of Last Report

2. Principal Place of Business
111 N. ORLANDO AVE

2a. Mailing Address
111 N. ORLANDO AVE

4. FEI Number

☒ 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

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23 WINTER PARK, FL

28 WINTER PARK, FL

24. Zip

Country

29. Zip

Country

32789

25 ORANGE

30 32789

ORANGE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TRIMBLE, T.L.
2400 BEDFORD RD.
ORLANDO FL 32803**

81. Name

TRIMBLE, T.L.

82. Street Address (P.O. Box Number is Not Acceptable)

111 NORTH ORLANDO AVENUE

83.

84. City

WINTER PARK

FL

85. Zip Code
32789

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

T.L. TRIMBLE *[Signature]*

1/26/96

Signature, typed or printed name of registered agent and the filer.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☒ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

**D/P
BLAIR, MARDIAN J.
111 NORTH ORLANDO AVENUE
WINTER PARK, FL 32789-3675**

**D
JERNIGAN, DON
111 NORTH ORLANDO AVENUE
WINTER PARK, FL 32789-3675**

**D/S/T
WIESE, CALVIN
111 NORTH ORLANDO AVENUE
WINTER PARK, FL 32789-3675**

**AS
BLOCK, L. MARK
111 NORTH ORLANDO AVENUE
WINTER PARK, FL 32789-3675**

**5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP**

**6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP**

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:

[Signature]

1/26/96

407/975-1410

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)