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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 # **P96000009040 (2)**

1. Corporation Name
HEALTHY SERVICES, INC.

[redacted]

Principal Place of Business	Mailing Address
~~2838 SPANISH COVE TRAIL~~ ~~JACKSONVILLE FL 32257~~	~~2838 SPANISH COVE TRAIL~~ ~~JACKSONVILLE FL 32257-1060~~

3. Date Incorporated or Qualified: 01/25/1996
3a. Date of Last Report: 1/25/96

2. Principal Place of Business	2a. Mailing Address
21 ONE SAN JOSE PLACE	26 ONE SAN JOSE PLACE
22 Suite, Apt. #, etc. Suite 130	27 Suite, Apt. #, etc. Suite 130
23 City & State JACKSONVILLE, FL	28 City & State JACKSONVILLE, FL
24 Zip 32257 25 County DUVAL	29 Zip 32257 30 County DUVAL

4. FEI Number: 59-3364283 — 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	10. Name and Address of New Registered Agent
SLOTT, ARNOLD H 334 EAST DUVAL STREET JACKSONVILLE FL 32202	81 Name: N/A 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEEBER, PHILIP W 2838 SPANISH COVE TRAIL JACKSONVILLE FL 32257 ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALLISTON, CURT ~~2838 SPANISH COVE TRAIL~~ ~~JACKSONVILLE FL 32257~~ ☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	D Allistor, Curt 17324 Whirley Rd. Lutz, Fl, 33549 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WARD, DON 2838 SPANISH COVE TRAIL JACKSONVILLE FL 32257 ☑ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	700002213057 -06/16/97--01101--037 ***165.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	CS 6/11/97 ☐ Change ☐ Addition

Philip W. Leeber 6/5/97

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.

Philip W. LEEBER

Philip W. Leeber VICE PRESIDENT 6/5/97