

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000084643

1. Corporation Name
HEALTH INFACTS, INC.

Principal Place of Business
**37114 C.R. #452
GRAND ISLAND FL 32735**

Mailing Address
**P.O. BOX 887
MT DORA FL 32775-0886**

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90061 032 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/14/1996

4. FEI Number

59-3418456

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **P.O. Box 887**

22 City & State

27 Suite, Apt. #, etc.

23 Zip Country

28 **mt. Dora, FL**

24 Zip Country 25 29 **32756-0887** 30 **USA**

9. Name and Address of Current Registered Agent

**MOON, MAXINE L
1025 PARK AVENUE NORTH
TAVARES FL 32778**

10. Name and Address of New Registered Agent

81 Name Address Change Only

82 **Moon, Maxine L.**

83 **2075 Cypress Cove Dr.**

84 **Tavares**

85 **FL** Zip Code **32778**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **CLARK, LAURA A**
STREET ADDRESS **37114 C.R. #452**
CITY-ST-ZIP **GRAND ISLAND FL 32735**

TITLE **VP** ☐ DELETE
NAME **MOON, MAXINE L**
STREET ADDRESS **1025 PARK AVENUE NORTH**
CITY-ST-ZIP **TAVARES FL 32778**

TITLE **ST** ☐ DELETE
NAME **CLARK, THEODORE C**
STREET ADDRESS **37114 C.R. #452**
CITY-ST-ZIP **GRAND ISLAND FL 32735**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **V** ☒ Change ☐ Addition
2.2 NAME **Moon, Maxine L.**
2.3 STREET ADDRESS **2075 Cypress Cove Dr.**
2.4 CITY-ST-ZIP **Tavares, FL 32778**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/22/99

352-483-0785

Date

Daytime Phone #

CR2E034 (11/98)