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Apr 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1997**

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

DOCUMENT # **P96000091946 (9)**

1. Corporation Name
**HEALTHCHEK, INC.**

N.C. 3/6/97

| Principal Place of Business | Mailing Address |
|---|---|
| ~~4125 S.W. MARTIN HIGHWAY #12~~ SW 3543 Corporate Pkwy | ~~4125 S.W. MARTIN HIGHWAY #12~~ same |
| PALM CITY FL 34990 | PALM CITY FL 34990-5524 |

| | |
|---|---|
| 3. Date Incorporated or Qualified: 11/06/1996 | 3a. Date of Last Report |
| 4. FEI Number: 65-0718312 | ☐ 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 | |

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

**9. Name and Address of Current Registered Agent**

RAY, ROBERT A
~~4125 S.W. MARTIN HIGHWAY #12~~
PALM CITY FL 34990
3543 SW Corporate Pkwy

**10. Name and Address of New Registered Agent**

81 Name

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, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | President ☐ DELETE | 1.1 TITLE | Director ☐ Change ☐ Addition |
| NAME | Sam Martin | 1.2 NAME | Rich Fielder |
| STREET ADDRESS | 71 Green Meadow Blvd | 1.3 STREET ADDRESS | 970 Galston Ct |
| CITY-ST-ZIP | Middletown NJ 07748 | 1.4 CITY-ST-ZIP | Blue Bell, PA 19422 |
| TITLE | Vice President ☐ DELETE | 2.1 TITLE | Director ☐ Change ☐ Addition |
| NAME | Robert Ray | 2.2 NAME | Mary Freeman |
| STREET ADDRESS | 3207 SW Ullr Dr | 2.3 STREET ADDRESS | 1498 SW Martin Hwy |
| CITY-ST-ZIP | Palm City, FL 34990 | 2.4 CITY-ST-ZIP | Palm City, FL 34990 |
| TITLE | ☐ DELETE | 3.1 TITLE | Director ☐ Change ☐ Addition |
| NAME | | 3.2 NAME | Gary Freeman |
| STREET ADDRESS | | 3.3 STREET ADDRESS | 1498 SW Martin Hwy |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | Palm City, FL 34990 |
| TITLE | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

CR2E034 (9/96)

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.

**SIGNATURE:** SIGNATURE REQUIRED _____ 3-8-97 561 221-8893
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #