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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000103511 (7)

HEALTHY HEARTS INC.

Principal Place of Business

Mailing Address

112 RACHEL ROAD PALATKA FL 32177 112 RACHEL ROAD PALATKA FL 32177-959

FILED May 09 1997 8:00am Secretary of State



PALATRA FL 321// PALAT		PALRIKA FL 32177-3098	JAINA PL 32177-9096			
<u>.</u>					Date Incorporated or Qualified 3a. Date 12/20/1996	e of Last Report
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEL Number 2/12 01 22	Applied For
21		26			57-3920133	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State		City & State				
23		28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Cou	ntrv	Trust Fund Contribution 8. This corporation has liability for intangible to	
24	25	29]	30	,	Florida Statutes	
	g, Name and Address of Curren		1001		10. Name and Address of New Registered A	
FILLMA	N, JACK C			81 Nam	le .	
	ICHEL ROAD		'	82 Stree	ot Address (P.O. Box Number is Not Acceptable)	
	KA FL 32177			bz Siree	et Address (F.O. Box Nomber is Not Acceptable)	
				83		
				84 City		85 Zip Code
					FL	2.17 0000
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						
Sig	gnature, typed or printed name of registered age			d Agent a gnate	ure required when reinstating) DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND	
TITLE		☐ DELETE	1.1 76		The Cillman Jack (Change Addition
NAME OTOGET ADDRESS			1.2 N/		FIGURE SACK C S 112 RACHEL RO PALATKA PL. 3.	,
STREET ADDRESS			1	REET ADDRESS	S PALTIN SI 3	2177
CITY-ST-ZIP TITLE		DELETE	2.1 (1	1Y - S1 - 7(P	THEATKA , I'C. J.	Change Addition
NAME	La brain		2.2 N			
STREET ADORESS				REET ADDRESS	s	
CITY-ST-ZIP				ITY - S1 - ZIP		
TITLE	 		3.17(Change Addition
NAME			3.2 N	AME		
STREET ADDRESS			3.3 S	REET ADDRESS	s	
CITY-ST-ZIP			3.4. 0	11Y-\$1-7IP		
TITLE		☐ DELETE	4.1 T)	TLE		Change Addition
NAME			4. 2 N	AME		
STREET ADDRESS			4.3 ST	REET ADDRESS	s	
CITY-ST-ZIP			4.4 C	TY-\$1-7iP		
TITLE		☐ DETEJE	5.1 1	î LE		Change D Addition
NAME	•		5.2 N	AME		
STREET ADDRESS			5.3 S	IREE1 ADDRESS	s	
CITY-ST-ZIP				1Y-ST-ZIP		
TITLE		☐ DELETE	6.1 TI	TLE		Change Addition
NAME			6.2 N	AME		
STREE1 ADDRESS			6.3 S	IREET ADDRESS	ss	
CITY-ST-ZIP		1 10 11 12 1		1Y-S1-2IP		
9.4 Left baraby	cortify that the information europies	a with this tiling doos not out	unu tor tho	Avamation	elated in Section 110 07/3Vi) Florida Statutes further	portify that the

14. I do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statules. Ffurther 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 roceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statules; and that my name appears in Block 12 or Block 12 if changed, or on an attachment with an address.

CIONATURE.

and le de Oman

4128/97