


FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90180 044 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000031963

1. Corporation Name
HEALTH DATA PLUS, INC.



Principal Place of Business
 364 OSCEOLA AVENUE
 JACKSONVILLE BEACH FL 32250

Mailing Address
 364 OSCEOLA AVENUE
 JACKSONVILLE BEACH FL 32250

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/07/1998		4. FEI Number 59-3518190		Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business 2315 Beach Boulevard	2a. Mailing Address 2315 Beach Boulevard	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
Suite, Apt. #, etc. SUITE 304	Suite, Apt. #, etc. SUITE 304	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
City & State Jacksonville Beach FL	City & State Jacksonville Beach FL	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Zip 32250	Country USA	Zip 32250	Country USA	

9. Name and Address of Current Registered Agent SOX, RICHARD N JR. 101 NORTH GADSDEN STREET TALLAHASSEE FL 32301		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		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	D	<input type="checkbox"/> DELETE		
NAME	FREIN, KEITH			
STREET ADDRESS	1514 S FIRST STREET			
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250			
TITLE	D	<input type="checkbox"/> DELETE		
NAME	COOPER, DWIGHT			
STREET ADDRESS	2040 GREENHERON POINT			
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250			
TITLE	D	<input type="checkbox"/> DELETE		
NAME	HARTWELL, ADAM			
STREET ADDRESS	289 WATERS EDGE DRIVE			
CITY-ST-ZIP	PONTE VERDE BEACH FL 32082			
TITLE		<input type="checkbox"/> DELETE		
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE		
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE		
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME				
1.3 STREET ADDRESS				
1.4 CITY-ST-ZIP				
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME				
2.3 STREET ADDRESS				
2.4 CITY-ST-ZIP				
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME				
3.3 STREET ADDRESS				
3.4 CITY-ST-ZIP				
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME				
4.3 STREET ADDRESS				
4.4 CITY-ST-ZIP				
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME				
5.3 STREET ADDRESS				
5.4 CITY-ST-ZIP				
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 in an attachment with an address, with all other like empowered.

SIGNATURE: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)