FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 PM 2:27

DOCUMENT # S01572 (4)

1. Corporation Name
HEALTHINSIGHTS, INC.

Principal Place of Business	Mailing Address
1105 MEADOW LARK LN WINTER HAVEN FL 33884 US	1105 MEADOW LARK LN WINTER HAVEN FL 33884 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/10/1990
3a. Date of Last Report: 04/11/1994

2. Principal Place of Business
21: 500 Radnor Drive
22: Suite, Apt. #, etc.
23: City & State: Palm Harbor, FL
24: Zip: 34683 25: Country: Pinellas

2a. Mailing Address
26: 500 Radnor Drive
27: Suite, Apt. #, etc.
28: City & State: Palm Harbor, FL
29: Zip: 34683 30: Country: Pinellas

4. FEI Number: 65-0225837 — 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

PETRO, ANNE G.
1105 MEADOW LARK LANE
WINTER HAVEN FL 33884

10. Name and Address of New Registered Agent

81 Name: Gayle L. Skowronski
82 Street Address (P.O. Box Number is Not Acceptable): 500 Radnor Drive
83:
84 City: Palm Harbor FL — FL — 85 Zip Code: 34683

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: Gayle L. Skowronski Gayle L. Skowronski V.P. 1-30-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	11 TITLE	Secretary ☒ Change ☐ Addition
NAME	PETRO, ANNE G	12 NAME	petro, Anne G.
STREET ADDRESS	1105 MEADOW LARK LN	13 STREET ADDRESS	~~1105~~
CITY-ST-ZIP	WINTER HAVEN FL	14 CITY-ST-ZIP	
TITLE	P	21 TITLE	President ☒ Change ☐ Addition
NAME	PETRO, BETH A	22 NAME	Petro, Beth A.
STREET ADDRESS	601 PROSPECT ST.	23 STREET ADDRESS	695 Via manzana
CITY-ST-ZIP	SAN CARLOS CA	24 CITY-ST-ZIP	Watsonville CA 95076
TITLE	DS	31 TITLE	Vice president ☒ Change ☐ Addition
NAME	SKOWRONSKI, GAYLE LYNNE	32 NAME	Skowronski, Gayle Lynne
STREET ADDRESS	500 RADNOR	33 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	34 CITY-ST-ZIP	
TITLE	DT	41 TITLE	☐ Change ☐ Addition
NAME	MURPHY, ROBIN SUE	42 NAME	
STREET ADDRESS	745 WATERBRIDGE DR	43 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 supplemented annual report is true and accurate and that my signature shall have the same legal effect 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: Gayle L. Skowronski 1-30-95 813-786-2992
SIGNATURE AND TYPED OR PRINTED NAME OF BIANNG OFFICER OR DIRECTOR — Date — Daytime Phone Number
Gayle L. Skowronski

0310733 CP