

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
**1995**



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

**APPROVED  
AND  
FILED**

**95 APR 19 PM 4:48**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # S38368**

**(4)**

1. Corporation Name

**HEALTHCARD SYSTEMS, INC.**

Principal Place of Business

**1100 SAWGRASS VILLAGE, STE A  
P.O. BOX 1441  
PONTE VEDRA BEACH FL 32004-0441**

Mailing Address

**1100 SAWGRASS VILLAGE, STE A  
P.O. BOX 1441  
PONTE VEDRA BEACH FL 32004-0441**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/12/1990**

3a. Date of Last Report

**08/18/1994**

4. FEI Number

**59-3067355**

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

**21 4190 Bellfort Rd**

2a. Mailing Address

**26 Suite, Apt. #, etc.**

Suite, Apt. #, etc.

**22 Suite 200**

Suite, Apt. #, etc.

**27**

City & State

**23 Jacksonville, FL**

City & State

**28**

Zip

**24 32216**

Country

**25 US**

Zip

**29**

Country

**30**

9. Name and Address of Current Registered Agent

**MCCREEDY, JOHN  
129 SEA HAMMOCK WAY  
PONTE VEDRA BEACH FL 32082**

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

*John McCreedy*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**4/1/95**

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
MCCREEDY, JOHN  
129 SEA HAMMOCK WAY  
PONTE VEDRA BCH FL**

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 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*John McCreedy*

DATE

**4/1/95**

DATE (Print)

**904-296-4555**