

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S38368**

(4)

1. Corporation Name

HEALTHCARD SYSTEMS, INC.



Principal Place of Business

**4190 BELFORT RD
STE 200
JACKSONVILLE FL 32216
US**

Mailing Address

**1100 SAWGRASS VILLAGE, STE A
P.O. BOX 1441
PONTE VEDRA BEACH FL 32004-8441**

3. Date Incorporated or Qualified

03/12/1990

3a. Date of Last Report

04/19/1995

2. Principal Place of Business

2a. Mailing Address

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State, Apt. #, etc.

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State, Apt. #, etc.

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City & State

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City & State

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City & State

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Ponte Vedra Beach FL

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City & State

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32004-1441

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St Johns

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

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

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 607.0507 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. Thereby accept the appointment as registered agent, I am

SIGNATURE

John McCree

2/25/96

DATE

12. OFFICERS AND DIRECTORS

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129 SEA HAMMOCK WAY
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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