

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V43658

(6)

1. Corporation Name

HEALTH DATELINE, INC.

Principal Place of Business

POST OFFICE BOX 290381
TAMPA FL 33687-0381

Mailing Address

POST OFFICE BOX 290381
TAMPA FL 33687-0381

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/11/1992

3a. Date of Last Report
11/18/1994

4. FEI Number
59-3145109

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

7. This corporation has liability for intangible tax under S. 100 (19)
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23

City & State

28

Zip

Country

24

Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HALL, HAZEL I
6721 MAYBOLE PL.
TEMPLE TERRACE FL 33617

81 Name Cecilia Figueredo

82 Street Address (P.O. Box Number is Not Acceptable)
14535 Bruce B. Downs Blvd., #228

83

84 City Tampa

FL

85 Zip Code 33613

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

Cecilia Figueredo

Cecilia Figueredo

5/1/95
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME HALL, NICHOLAS R.S.
STREET ADDRESS 6721 MAYBOLE PL
CITY-ST-ZIP TEMPLE TERRACE FL 33617

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DP
NAME HALL, HAZEL I
STREET ADDRESS 6721 MAYBOLE PL
CITY-ST-ZIP TEMPLE TERRACE FL 33617

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DT
NAME FIGUEREDO, CECILIA
STREET ADDRESS 14535 BRUCE B. DOWNS BLVD.
CITY-ST-ZIP TAMPA FL 33613

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition

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)(b), 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:

Cecilia Figueredo Cecilia Figueredo

4/10/95

(813)632-9079