FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

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

3. Date Incorporated or Qualified: 06/11/1992
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 9757 Lake Nona Road
22 Suite, Apt. #, etc.
23 City & State: Orlando, Florida
24 Zip: 32827
25 Country: USA

2a. Mailing Address
26 9757 Lake Nona Road
27 Suite, Apt. #, etc.
28 City & State: Orlando, Florida
29 Zip: 32827
30 Country: USA

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
FIGUEREDO, CECILIA
14535 BRUCE B DOWNS BLVD. #228
TAMPA FL 33613

10. Name and Address of New Registered Agent
81 Name: Cecilia Ferrer
82 Street Address (P.O. Box Number is Not Acceptable): 5996 Bent Pine Drive
83 #3307
84 City: Orlando FL 85 Zip Code: 32822

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 Ferrer — Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when filing) — DATE: 4/2/96

12. OFFICERS AND DIRECTORS

Title	Name	Street Address	City-St-Zip	Delete
D	HALL, NICHOLAS R.S.	6721 MAYBOLE PL	TEMPLE TERRACE FL 33617	☐
DP	HALL, HAZEL I	6721 MAYBOLE PL	TEMPLE TERRACE FL 33617	☐
DT	FIGUEREDO, CECILIA	14535 BRUCE B. DOWNS BLVD.	TAMPA FL 33613	☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Block	Title	Name	Street Address	City-St-Zip	Change	Addition
1					☐	☐
2					☐	☐
3	Ferrer, Cecilia		5996 Bent Pine Drive, #3307	Orlando, FL 32822	☒	☐
4					☐	☐
5					☐	☐
6					☐	☐

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)(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: Cecilia Ferrer — Cecilia Ferrer — 4/2/96 — (407)888-8088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)