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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	Mailing Address
POST OFFICE BOX 290381 TAMPA FL 33687-0381	POST OFFICE BOX 290381 TAMPA FL 33687-0381

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

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

2. Principal Place of Business	2a. Mailing Address
21 9757 Lake Nona Road	26 9757 Lake Nona Road
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Orlando, Florida	28 Orlando, Florida
24 Zip 32827 25 Country USA	29 Zip 32827 30 Country USA

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HALL, NICHOLAS R.S. 6721 MAYBOLE PL TEMPLE TERRACE FL 33617 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP HALL, HAZEL I 6721 MAYBOLE PL TEMPLE TERRACE FL 33617 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT FIGUEREDO, CECILIA 14535 BRUCE B. DOWNS BLVD. TAMPA FL 33613 ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ Addition Ferrer, Cecilia 5996 Bent Pine Drive, #3307 Fka Orlando, FL 32822
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 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 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 — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Cecilia Ferrer — Date: 4/2/96 — (407)888-8088 Daytime Phone #

CR2E034 (12/95)