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FILED
May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

**8757 LAKE NONA RD
ORLANDO FL 32827
US**

Mailing Address

**8757 LAKE NONA RD
ORLANDO FL 32827-7049
US**

3. Date Incorporated or Qualified
08/11/1992

3a. Date of Last Report
04/08/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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

10. Name and Address of New Registered Agent

**FERRER, CECILIA
5906 BENT PINE DR
3307
ORLANDO FL 32822**

81 Name

Ferrer, Cecilia

82 Street Address (P.O. Box Number is Not Acceptable)

2312 B Simpson Ridge Circle

83

84 City

Kissimmee

FL

85 Zip Code
34744

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	HALL, NICHOLAS R.S.	6721 MAYBOLE PL	TEMPLE TERRACE FL 33617	<input type="checkbox"/>
DP	HALL, HAZEL I	6721 MAYBOLE PL	TEMPLE TERRACE FL 33617	<input type="checkbox"/>
DT	FIGUEROA, CECILIA	14535 BRUCE B. DOWNS BLVD.	TAMPA FL 33613	<input checked="" type="checkbox"/>
DT	FERRER, CECILIA	5906 BENT PINE DRIVE 3307	ORLANDO FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE <td>2.2 NAME<td>2.3 STREET ADDRESS<td>2.4 CITY - ST - ZIP<td><input type="checkbox"/></td><td><input type="checkbox"/></td></td></td></td>	2.2 NAME <td>2.3 STREET ADDRESS<td>2.4 CITY - ST - ZIP<td><input type="checkbox"/></td><td><input type="checkbox"/></td></td></td>	2.3 STREET ADDRESS <td>2.4 CITY - ST - ZIP<td><input type="checkbox"/></td><td><input type="checkbox"/></td></td>	2.4 CITY - ST - ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE <td>3.2 NAME<td>3.3 STREET ADDRESS<td>3.4 CITY - ST - ZIP<td><input type="checkbox"/></td><td><input type="checkbox"/></td></td></td></td>	3.2 NAME <td>3.3 STREET ADDRESS<td>3.4 CITY - ST - ZIP<td><input type="checkbox"/></td><td><input type="checkbox"/></td></td></td>	3.3 STREET ADDRESS <td>3.4 CITY - ST - ZIP<td><input type="checkbox"/></td><td><input type="checkbox"/></td></td>	3.4 CITY - ST - ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE <td>4.2 NAME<td>4.3 STREET ADDRESS</td><td>4.4 CITY - ST - ZIP<td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td></td></td>	4.2 NAME <td>4.3 STREET ADDRESS</td> <td>4.4 CITY - ST - ZIP<td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td></td>	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

4/28/97

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CR2E034 (9/96)