

1-26-95 2000 B-481-C
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CORPORATION
 ANNUAL REPORT
 1995



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

95 JAN 26 PM 4:18

DOCUMENT # **H84480** (3)

1. Corporation Name
HEALTH ENTERPRISES, INC.

Principal Place of Business Mailing Address
3520 THOMASVILLE RD. SUITE 200 TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 11/07/1985	3a. Date of Last Report 02/08/1994
4. FEI Number 59-2848412	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip Country	29 Zip Country
25	30

9. Name and Address of Current Registered Agent
**PENNINGTON, CARL R., JR.
 3375 A CAPITAL CIRCLE N.E.
 SUITE 800
 TALLAHASSEE FL 32308**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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: _____ DATE: _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent Signature required when re-registering)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	MAHONEY, JOHN P., M.D.
STREET ADDRESS	1899 EIDER CT.
CITY- ST- ZIP	TALLAHASSEE FL
TITLE	D
NAME	DEEB, AL E. M.D.
STREET ADDRESS	1628 N. PLAZA DR.
CITY- ST- ZIP	TALLAHASSEE FL
TITLE	D
NAME	JUDELE, JESSE M.D.
STREET ADDRESS	1401 CENTERVILLE RD #800
CITY- ST- ZIP	TALLAHASSEE FL
TITLE	D
NAME	COOPER, CHARLES L., M.D.
STREET ADDRESS	2414 E. PLAZA DR.
CITY- ST- ZIP	TALLAHASSEE FL
TITLE	D
NAME	LONG, WILLIAM M.D.
STREET ADDRESS	1401 CENTERVILLE RD 705
CITY- ST- ZIP	TALLAHASSEE FL
TITLE	D
NAME	PRICE, WILLIAM E., M.D.
STREET ADDRESS	3520 THOMASVILLE RD, STE 200
CITY- ST- ZIP	TALLAHASSEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	806 Ivenhoe Rd.
1.4 CITY- ST- ZIP	Tallahassee, FL 32312
2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Steven M. Scott, MD
2.3 STREET ADDRESS	3520 Thomasville Rd., Suite 200
2.4 CITY- ST- ZIP	Tallahassee, FL 32308
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Richard W. Kaplan
3.3 STREET ADDRESS	3520 Thomasville Rd., Suite 200
3.4 CITY- ST- ZIP	Tallahassee
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	Delete - only 3 members
4.4 CITY- ST- ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	Delete - only 3 members
5.4 CITY- ST- ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	Delete - only 3 members
6.4 CITY- ST- ZIP	

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 report is true and correct 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 individual or the authorized agent to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report or on the front cover of this report.

SIGNATURE: John P. Mahoney, MD 1/18/95 (904) 668-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR