

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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # H84480 (3)
1. Corporation Name
HEALTH ENTERPRISES, INC.



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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		11/07/1985		01/26/1995	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 City & State		59-2648412		Not Applicable	
24 Zip		25 Country		29 Zip		30 Country	
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 type="checkbox"/> Yes <input type="checkbox"/> No							

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM % CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D MAHONEY, JOHN P., M.D. <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	806 IVANHOE RD.	1.2 NAME	JOHN A. HEMINGWAY
STREET ADDRESS	TALLHASSE FL	1.3 STREET ADDRESS	3520 THOMASVILLE RD, SUITE 200
CITY-ST-ZIP		1.4 CITY-ST-ZIP	TALLHASSEE, FL 32308
TITLE	D, VP <input type="checkbox"/> DELETE	2.1 TITLE	DIRECTOR, PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCOTT, STEVEN M. MD	2.2 NAME	DEBORAH L. HOLLOWAY
STREET ADDRESS	3520 THOMASVILLE RD., SUITE 200	2.3 STREET ADDRESS	3520 THOMASVILLE RD, SUITE 200
CITY-ST-ZIP	TALLHASSEE FL	2.4 CITY-ST-ZIP	TALLHASSEE, FL 32308
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SECRETARY/TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAPLAN, RICHARD W.	3.2 NAME	RANDAL J. STEWART
STREET ADDRESS	3520 THOMASVILLE RD., SUITE 200	3.3 STREET ADDRESS	3520 THOMASVILLE RD, SUITE 200
CITY-ST-ZIP	TALLHASSEE FL	3.4 CITY-ST-ZIP	TALLHASSEE, FL 32308
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: Ronan C Bailey Date: 4-29-96 Daytime Phone #: 904-668-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)