

424-91 B-5494 C  
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 Apr 29 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 # **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 32308-9489**

3. Date Incorporated or Qualified: **11/07/1985**  
 3a. Date of Last Report: **05/01/1996**  
 4. FEI Number: **59-2648412**  
 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 (21-24) and 2a. Mailing Address (25-30) fields with sub-sections for Suite, Apt. #, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
 % CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent (81-85)  
 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
 TITLE: **D**  DELETE  
 NAME: **JOHN A HEMINGWAY**  
 STREET ADDRESS: **3520 THOMASVILLE ROAD, SUITE 200 TALLAHASSEE FL**  
 CITY-ST-ZIP: \_\_\_\_\_  
 TITLE: **DK**  DELETE  
 NAME: **SCOTT, STEVEN M. MD**  
 STREET ADDRESS: **3520 THOMASVILLE RD., SUITE 200 TALLAHASSEE FL**  
 CITY-ST-ZIP: \_\_\_\_\_  
 TITLE: **DP**  DELETE  
 NAME: **DEBORAH L (HOLLOWAY) REDD**  
 STREET ADDRESS: **3520 THOMASVILLE ROAD, SUITE 200 TALLAHASSEE FL**  
 CITY-ST-ZIP: \_\_\_\_\_  
 TITLE: **ST**  DELETE  
 NAME: **RANDAL J. STEWART**  
 STREET ADDRESS: **3520 THOMASVILLE ROAD, SUITE 200 TALLAHASSEE FL**  
 CITY-ST-ZIP: \_\_\_\_\_  
 TITLE: \_\_\_\_\_  DELETE  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_  
 TITLE: \_\_\_\_\_  DELETE  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
 1.1 TITLE: **D**  Change  Addition  
 NAME: **EDWIN S. PONT M.D.**  
 STREET ADDRESS: **3520 THOMASVILLE RD, SUITE 200 TALLAHASSEE, FL 32308**  
 CITY-ST-ZIP: \_\_\_\_\_  
 2.1 TITLE: \_\_\_\_\_  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_  
 3.1 TITLE: **DP**  Change  Addition  
 NAME: **DEBORAH L. REDD**  
 STREET ADDRESS: **3520 THOMASVILLE RD, SUITE 200 (DP) TALLAHASSEE, FL 32308**  
 CITY-ST-ZIP: \_\_\_\_\_  
 4.1 TITLE: \_\_\_\_\_  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_  
 5.1 TITLE: \_\_\_\_\_  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_  
 6.1 TITLE: \_\_\_\_\_  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

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: **Deborah L. Redd** **REQUIRED** **4-23-97** **904-668-3000**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)