

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**

**May 04 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # H84480 (3)**

1. Corporation Name  
**HEALTH ENTERPRISES, INC.**



Principal Place of Business <b>3520 THOMASVILLE RD. SUITE 200 TALLAHASSEE FL 32308</b>	Mailing Address <b>3520 THOMASVILLE RD. SUITE 200 TALLAHASSEE FL 32308</b>
---	---

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified <b>11/07/1985</b>
4. FEI Number <b>59-2648412</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

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 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	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PONT, EDWIN S M.D.</b>	
STREET ADDRESS	<b>3520 THOMASVILLE ROAD, SUITE 200</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SCOTT, STEVEN M. MD</b>	
STREET ADDRESS	<b>3520 THOMASVILLE RD., SUITE 200</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	
TITLE	<b>DP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>REDD, DEBORAH L</b>	
STREET ADDRESS	<b>3520 THOMASVILLE ROAD, SUITE 200</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>DP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>BERTRAM E. WALLS, M.D.</b>	
1.3 STREET ADDRESS	<b>3520 THOMASVILLE RD</b>	
1.4 CITY-ST-ZIP	<b>SUITE 200 TALLAHASSEE, FL 32308</b>	
2.1 TITLE	<b>DP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>EUGENE F. DAUCHOT JR</b>	
2.3 STREET ADDRESS	<b>3520 THOMASVILLE RD</b>	
2.4 CITY-ST-ZIP	<b>SUITE 200 TALLAHASSEE, FL 32308</b>	
3.1 TITLE	<b>DIT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>ARTHUR R. CARLSON</b>	
3.3 STREET ADDRESS	<b>3520 THOMASVILLE RD</b>	
3.4 CITY-ST-ZIP	<b>SUITE 200 TALLAHASSEE, FL 32308</b>	
4.1 TITLE	<b>D/AS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>NANCY F. LOCKLEAR</b>	
4.3 STREET ADDRESS	<b>3520 THOMASVILLE RD</b>	
4.4 CITY-ST-ZIP	<b>SUITE 200 TALLAHASSEE, FL 32308</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(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 \_\_\_\_\_ DATE **11-27-00**

CR2E034 (10/97)