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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **H84480**

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/07/1985

4. FEI Number
59-2648412

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 owes the current year Intangible Personal Property Tax. Yes No

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

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 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: *[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

TITLE	D	<input type="checkbox"/> DELETE
NAME	PONT, EDWIN S M.D.	
STREET ADDRESS	3520 THOMASVILLE ROAD, SUITE 200	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCOTT, STEVEN M. MD	
STREET ADDRESS	3520 THOMASVILLE RD., SUITE 200	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	DAS	<input checked="" type="checkbox"/> DELETE
NAME	LOCKLEAR, NANCY F	
STREET ADDRESS	3520 THOMASVILLE RD, SUITE 200	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	WALLS, BERTRAM E MD	
STREET ADDRESS	3520 THOMASVILLE RD, SUITE 200	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	DVPS	<input type="checkbox"/> DELETE
NAME	DAUCHERT, EUGENE F JR	
STREET ADDRESS	3520 THOMASVILLE RD, SUITE 200	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	CARLSON, ARTHUR R	
STREET ADDRESS	3520 THOMASVILLE RD, SUITE 200	
CITY-ST-ZIP	TALLAHASSEE FL 32308	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DAS	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ANITA S. WEGNER	
1.3 STREET ADDRESS	3520 THOMASVILLE RD	
1.4 CITY-ST-ZIP	SUITE 200 TALLAHASSEE FL 32308	
2.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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(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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 2-25-99 DAYTIME PHONE #: 850-668-3000

CR2E034 (1/198)