

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90016 042 \*\*\*550.00

**DOCUMENT #** H84480  
**1. Entity Name**  
 Health Enterprises, Inc. ✓

**Principal Place of Business**      **Mailing Address**  
 3520 Thomasville Road      3520 Thomasville Road  
 Tallahassee, FL 32308      Tallahassee, FL 32308

A0071009

**2. Principal Place of Business**      **3. Mailing Address**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
 Pennington, Carl R.  
 Attorney At Law  
 215 South Monroe Street, Suite 200  
 Tallahassee, FL 32301

**7. Name and Address of New Registered Agent**  
**Name** Gerald M. Cohen, Esquire  
**Street Address (P.O. Box Number is Not Acceptable)**  
 300 South Park Road  
**City** Hollywood      **FL**      **Zip Code** 33021

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.**  
**SIGNATURE**       **DATE** 5/4/01

**9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.**  **10. Election Campaign Financing Trust Fund Contribution.**  **\$5.00** May Be Added to Fees

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b>	DVP	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	Wychulis, Robert A.	
<b>STREET ADDRESS</b>	3520 Thomasville Rd, Ste. 200	
<b>CITY - ST - ZIP</b>	Tallahassee, FL 32308	
<b>TITLE</b>	DVP	<input type="checkbox"/> Delete
<b>NAME</b>	Scott, Steven M., M.D.	
<b>STREET ADDRESS</b>	3520 Thomasville Rd, Ste. 200	
<b>CITY - ST - ZIP</b>	Tallahassee, FL 32308	
<b>TITLE</b>	DAS	<input type="checkbox"/> Delete
<b>NAME</b>	Wegner, Anita S.	
<b>STREET ADDRESS</b>	3520 Thomasville Rd, Ste. 200	
<b>CITY - ST - ZIP</b>	Tallahassee, FL 32308	
<b>TITLE</b>	DP	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	Wall, Bertram E. M.D.	
<b>STREET ADDRESS</b>	3520 Thomasville Rd, Ste. 200	
<b>CITY - ST - ZIP</b>	Tallahassee, FL 32308	
<b>TITLE</b>	DVPS	<input type="checkbox"/> Delete
<b>NAME</b>	Dauchert, Eugene F. Jr.	
<b>STREET ADDRESS</b>	3520 Thomasville Rd, Suite 200	
<b>CITY - ST - ZIP</b>	Tallahassee, FL	
<b>TITLE</b>	DT	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	Carlson, Arthur R.	
<b>STREET ADDRESS</b>	3520 Thomasville Rd, Ste. 200	
<b>CITY - ST - ZIP</b>	Tallahassee, FL 32308	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.**

<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	Please See Attached	
<b>STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>		

**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**       **DATE**      **Daytime Phone #**

CR2E034 (11/00)

**HEALTH ENTERPRISES, INC.  
DIRECTORS AND OFFICERS**

<u>Directors</u>	<u>Title</u>	<u>Mailing Address</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>	<u>Change</u>	<u>Addition</u>
Steven M. Scott, M.D.	Chairman of the Board of Directors	2828 Croaisdaille Drive	Durham	N.C.	27705		
<b><u>Officers of the Board of Directors</u></b>							
Steven M. Scott, M.D.	President	2828 Croaisdaille Drive	Durham	N.C.	27705		
Drew Joyce	Treasurer	2828 Croaisdaille Drive	Durham	N.C.	27705		
Anita S. Wegner	Assistant Secretary	2828 Croaisdaille Drive	Durham	N.C.	27705		Addition

Attachment  
H84480  
A0071009