

\$150

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01052005 Chg-P CR2E034 (10/03) *MRS*

DOCUMENT # H84480 1. Entity Name HEALTH ENTERPRISES, INC.			
Principal Place of Business 3520 THOMASVILLE RD. TALLAHASSEE, FL 32308		Mailing Address 2828 CROASDAILE DRIVE DURHAM, NC 27705	
2. Principal Place of Business 300 South Park Road Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Hollywood, FL		City & State	
Zip 33021	Country	Zip	Country
6. Name and Address of Current Registered Agent WEGNER, ANITA S 300 SOUTH PARK ROAD HOLLYWOOD, FL 33021		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and here if applicable</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
T NAME KING, FELICIA STREET ADDRESS 2828 CROAISDAILE DRIVE CITY-ST-ZIP DURHAM, NC 27705	<input type="checkbox"/> Delete	X Change <input type="checkbox"/> Addition NAME 2828 Croasdaile Drive STREET ADDRESS CITY-ST-ZIP	
DP NAME SCOTT, STEVEN M. MD STREET ADDRESS 2828 CROAISDAILE DRIVE CITY-ST-ZIP DURHAM, NC 27705	<input type="checkbox"/> Delete	X Change <input type="checkbox"/> Addition NAME 2828 Croasdaile Drive STREET ADDRESS CITY-ST-ZIP	
S NAME WEGNER, ANITA S STREET ADDRESS 2828 CROAISDAILE DRIVE CITY-ST-ZIP DURHAM, NC 27705	<input type="checkbox"/> Delete	X Change <input type="checkbox"/> Addition NAME 2828 Croasdaile Drive STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000046722590 02/17/05--01005--020 **1200.00	
	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Anita S. Wegner</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Anita S. Wegner, Sec 01-20-05 919-425-1500 Date Daytime Phone #	