FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N93000002854 (8)

HEALTH EDUCATION CENTER OF S.W. FLORIDA, INC.

									
Principal Place	e of Business	Mailing Address					18-14 SAIST SAIST 21-881		
9981 HEALT	HPARK CIRCLE		9981 HEALTHPARK CIRCLE						
153		153 ET MYERS EL 33906	153 FT. Myers FL 33908 US						
FT. MYERS FL 27 US						3. Date Incorporated or Qualified 07/28/1993	3a. Date of Las 04/14/		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Applied For	
21		26				65-0426978		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		5 Additional Required	
City & State		City & State				Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees		
Zιρ	Country	Zip	Country			8. This corporation has liability for in		s. 199.032,	
24	25 29 30 9. Name and Address of Current Registered Agent		30			Florida Statutes Yes No 10. Name and Address of New Registered Agent			
	9. Name and Address of Curr	ent Hegistereo Agent		81	Name	10. Name and Address of New Re	gistered Agent		
50450	TV TUOIMA								
	TY, THOMAS		82 Street Ack		Street Ad	idress (P.O. Box Number is Not Acceptable	<i>;</i>)		
	KENWOOD LN #89 ERS FL 33907			83	<u>-</u>				
F1.1911	ENG I E 00301			84	City		85	Zip Code	
	10 6	00 017 4600 Fladd - 61-5	the the cha		omad oc	position automite this statement for the pure	FL occuping its	registered office	
or registe	ered agent, or both, in the State of Flo	orida. Such change was autho	rized by the o	ve-r corpi	named corp pration's bo	poration submits this statement for the purp pard of directors. I hereby accept the appoi	intment as registeri	ed agent. I am	
familiar w	vith, and accept the obligations of, Se	ection 617.0503, Florida Statut	es.						
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if sonlicable	(NOTE: Reastered	Agen	t signature requ	ured when reinstating)	DATE		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	CERS AND DIREC	TORS IN 12	
TITLE	D	DELETE	111	TLE			☐ Change	e 🔲 Addition	
NAME	ROBINSON, DAVID		1.2 N/	AME					
STREET ADDRESS	5668 JEREZ CT.		1.3 \$1	TREET	ADDRESS				
CHTY-ST-ZIP	FT. MYERS FL 33919		1.4 C	ITY-S	T-ZiP				
TITLE	D	DELETE	2 1 TI	TLE			☐ Chang	e Addition	
NAME	NATHAN, JAMES		22 N						
STREET ADDRESS	1				ADDRESS				
CITY - ST - ZIP	FT. MYERS FL 33901	☐ DELETE	2 4 C		ST-ZIP		Chang	e Addition	
TITLE NAME	D PETER KLEIST	Претси	3 1 H				L., 0		
STREET ADDRESS	ANDRE MENBUOOD LANE O	SUITE 89			ADDRESS		,÷		
CITY - ST - ZIP	FT MYERS FL	VV			ST-ZIP				
T:TLE	D	DELETE	4 1 Ts				Chang	e Addition	
NAME	SOLOMON, GENE		4 2 1	IAME	-				
STREET ADDRESS	ANALOGO ON CANAL DILIP OF	TE. 11	43S	TREET	ADDRESS				
C)TY - ST - ZIP	FT. MYERS FL		44C	ITY - 5	5T - ZIP				
TITLE	D	☐ DELETE	5 1 T	ITLE			Chang	e 🔲 Addition	
NAME	MCFADDEN, JAMES		5.2 N	AMÉ					
STREET ADDRESS		1			ADDRESS				
CITY-ST-ZIP	FT. MYERS FL 33919	- Doniese			ST-ZIP		- Chang	e 🗍 Addition	
TITLE	D	DELETE	611				☐ Chang	E LANGINGT	
NAME	PUHALLA, JOYCE	r	62 N						
STREET ADDRESS	r	t			ADDRESS				
CITY-ST-ZIP	FT. MYERS FL 33908	ad with this filing is valuntarily f	urnished and	doe	ST-ZIP	fy for the exemption stated in Section 119.0	07(3)(k), Florida Sta	itutes. I further	
l contificts	of the information indicated on this a	nous) report or europlemental s	annual recort	is tri	ie and acci	this report as required by Chapter 617, Flo	same legal effect a	s it made under	
appears	in Block 12 or Block 28 if changed	or on an attachment with an a	ddress.	, U U	10 execute	and report de required by Grapher 517, 1 kg	otototot, uto		

SIGNATURE: