2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2006
Secretary of State

DOCUMENT# N93000002854

Entity Name: KLEIST HEALTH EDUCATION CENTER, INC.

Current Principal Place of Business:

10501 FGCU BLVD SOUTH
COLLEGE OF HEALTH PROF
FORT MYERS, FL 339656565 US

New Principal Place of Business:

Current Mailing Address:

10501 FGCU BLVD SOUTH
COLLEGE OF HEALTH PROF
FORT MYERS, FL 339656565 US

New Mailing Address:

FEI Number: 65-0426978 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HEINEMANN, DENISE
10501 FGCU BLVD. S
FORT MYERS, FL 339656565 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: OGDEN, DEBRA
Address: 5775 OSCEOLA TRAIL
City-St-Zip: NAPLES, FL 34109

Title: D ( ) Delete
Name: GUIGON, JOHN
Address: 8301 GLENFINNAN CIRCLE
City-St-Zip: FORT MYERS, FL 33912

Title: D ( ) Delete
Name: GROSSMAN, DARLENE
Address: PO BOX 1608
City-St-Zip: FORT MYERS, FL 33902

Title: D ( ) Delete
Name: FEWSTER, BARBARA
Address: 6643 JOANNA CIRCLE
City-St-Zip: FORT MYERS, FL 33919

Title: D ( ) Delete
Name: PERSONETTE, STEVE
Address: PO BOX 370 MC 1650
City-St-Zip: FORT MYERS, FL 33902

Title: MR ( ) Delete
Name: CATTI, JOSEPH
Address: 8060 COLLEGE PKWY.
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHRYN KLEIST, EXECUTIVE DIRECTOR MS 02/01/2006

Electronic Signature of Signing Officer or Director — Date