

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P95000036127 (5)**

1. Corporation Name

**THE HEALTH EDUCATION CENTER, INC.**



Principal Place of Business

212 N. MAIN STREET  
CHIEFLND FL 32626

Mailing Address

P.O. BOX 2466  
CHIEFLND FL 32626

3. Date Incorporated or Qualified  
**05/05/1995**

3a. Date of Last Report

2. Principal Place of Business

21 **220 N. Main St**

2a. Mailing Address

26 **PO Box 2466**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **Chiefland 71**

City & State

28 **Chiefland 71**

Zip

24 **32644**

Country

25 **Levy**

Zip

29 **32644**

Country

30 **Levy**

4. FEI Number

**59-3315918**

Applied For

Not Applicable

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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**GRAHAM, ALICE D  
212 N. MAIN STREET  
CHIEFLND FL 32626**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**220 N Main St**

83

84 City **Chiefland**

FL

85 Zip Code

**32644**

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

*Alice D. Graham*

**4/20/96**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature is required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>GRAHAM, ALICE D</b>	
STREET ADDRESS	<b>212 N. MAIN STREET</b>	
CITY-ST-ZIP	<b>CHIEFLND FL 32626</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>5550 NW 90th Ave</b>
1.4 CITY-ST-ZIP	<b>Chiefland 71 32626</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Vice President</b>
2.3 STREET ADDRESS	<b>Walter M Graham</b>
2.4 CITY-ST-ZIP	<b>5550 NW 90th Ave</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Secretary</b>
3.3 STREET ADDRESS	<b>Alice D. Graham</b>
3.4 CITY-ST-ZIP	<b>5550 NW 90th Ave</b>
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Alice D. Graham* **Alice D. GRAHAM**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

**352 493-7700**

Daytime Phone #

CR2E034 (12/95)