

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Apr 18 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		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 220 N.MAIN ST CHIEFLND FL 32644 US	Mailing Address P.O. BOX 2466 CHIEFLND FL 32644-2466 US
--	---

3. Date Incorporated or Qualified 05/05/1995	3a. Date of Last Report 04/24/1996
4. FEI Number 59-3315918	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 32626	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29
--	--

9. Name and Address of Current Registered Agent
**GRAHAM, ALICE D
220 N MAIN ST
CHIEFLND FL 32644 32626**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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 Alice D. GRAHAM
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GRAHAM, ALICE D	
STREET ADDRESS	5550 NW 90TH AVE	
CITY- ST- ZIP	CHIEFLND FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WALTER M. GRAHAM	
STREET ADDRESS	5550 NW 90TH AVE	
CITY- ST- ZIP	CHIEFLND FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ALICE D. GRAHAM	
STREET ADDRESS	5550 NW 90TH AVE	
CITY- ST- ZIP	CHIEFLND FL	
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	3250 NW 52nd Ct
1.4 CITY- ST- ZIP	Chiefland 71 32626
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	3250 NW 52nd Ct
2.4 CITY- ST- ZIP	Chiefland 71 32626
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	same as above
3.4 CITY- ST- ZIP	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 **352 493-7700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)