

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

**FILED**

**May 04 1998 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1998**



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

**DOCUMENT # P95000036127 (5)**

1. Corporation Name  
**THE HEALTH EDUCATION CENTER, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**220 N.MAIN ST  
CHIEFLND FL 32626  
US**

Mailing Address  
**P.O. BOX 2466  
CHIEFLND FL 32644  
US**

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

2. Principal Place of Business  
21 **102 N. MAIN ST.**  
Suite, Apt. #, etc.

2a. Mailing Address  
26 **102 N. Main St**  
Suite, Apt. #, etc.

4. FEI Number  
**59-3315918**

Applied For  
 Not Applicable

22 City & State  
23 **Chiefland FL**

27 City & State  
28 **Chiefland FL**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 Zip **32626** 25 Country **Levy**

29 Zip **32626** 30 Country **Levy**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GRAHAM, ALICE D  
220 N MAIN ST  
CHIEFLND FL 32626**

81 Name **Alice D. Graham**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**102 N. MAIN ST**  
83  
84 City **Chiefland** FL 85 Zip Code **32626**

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** **4/23/98**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>GRAHAM, ALICE D</b>	
STREET ADDRESS	<b>3250 NW 52ND COURT</b>	
CITY-ST-ZIP	<b>CHIEFLND FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>WALTER M. GRAHAM</b>	
STREET ADDRESS	<b>3250 NW 52ND CT</b>	
CITY-ST-ZIP	<b>CHIEFLND FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>ALICE D. GRAHAM</b>	
STREET ADDRESS	<b>3250 NW 52ND CT</b>	
CITY-ST-ZIP	<b>CHIEFLND FL</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		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
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 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.

CFR2E034 (10/97)