

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 OCT 14 AM 7:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N26726 (2)

1. Corporation Name

HEALTHCARE EDUCATION PLUS, INC.

Principal Place of Business

Mailing Address

633 South Federal Highway
c/o William Scherer
Ft. Lauderdale, FL 33301-3132

633 South Federal Highway
c/o William Scherer
Ft. Lauderdale, FL 33301-3132

2. Principal Place of Business

21 633 So. Federal Highway

Suite, Apt. #, etc.

22 c/o William Scherer

City & State

23 Ft. Lauderdale, Florida

Zip

Country

24 33301-3132

25 USA

2a. Mailing Address

26 633 So. Federal Highway

Suite, Apt. #, etc.

27 c/o William Scherer

City & State

28 Ft. Lauderdale, Florida

Zip

Country

29 33301-3132

30 USA

3. Date Incorporated or Qualified
06/01/1988

3a. Date of Last Report
05/01/1996

4. FEI Number

65-0234119

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

10. Name and Address of New Registered Agent

SCHERER, WILLIAM R., ESQ.
633 SO. FEDERAL HWY
EIGHT FLOOR
FT. LAUDERDALE, FL 33301

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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 D
NAME TROWER, WIL
STREET ADDRESS 303 SE 17TH ST
CITY-ST-ZIP FT. LAUDERDALE, FL 33316

TITLE D
NAME MAHANEY, PATRICIA
STREET ADDRESS 303 SE 17TH ST
CITY-ST-ZIP FT. LAUDERDALE, FL 33316

TITLE D
NAME PHILIPPS, LISA
STREET ADDRESS 303 SE 17TH STREET
CITY-ST-ZIP FT. LAUDERDALE, FL 33316

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME 300002323563
1.3 STREET ADDRESS -10/17/97--01113--011
1.4 CITY-ST-ZIP *****61.25 *****61.25

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF OFFICER, DIRECTOR OR REGISTERED AGENT

9/11/97

10/10/97

Daytime Phone #

CR2E037 (9/96)