

FILE NOW: FILING FEE IS \$61.25

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Jun 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N26726

1. Corporation Name

HEALTHCARE EDUCATION PLUS, INC.

Principal Place of Business	Mailing Address
303 Southeast 17th Street Fort Lauderdale, Florida 33316	303 S.E. 17th St. Ft.Laud., FL 33316

3. Date Incorporated or Qualified	6/01/1988
4. FEI Number	65-0234119
Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 303 S. E. 17th St. Suite, Apt. #, etc 22 ATTN: LISA PHILIPPS City & State 23 Ft. Laud., FL Zip 33316 Country USA	26 303 S. E. 17th St. Suite, Apt. #, etc 27 ATTN: LISA PHILIPPS City & State 28 Ft. Laud., FL Zip 33316 Country USA

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
WILLIAM R. SCHERER, ESQ., Conrad & Scherer 633 South Federal Highway Eighth Floor Fort Lauderdale, FL 33301				FL	

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROWER, WIL	1.2 NAME	
STREET ADDRESS	303 S. E. 17th St.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Ft.Laud., FL 33316	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAHANEY, PATRICIA	2.2 NAME	
STREET ADDRESS	303 S. E. 17th St.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Ft. Laud., FL 33316	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILIPPS, LISA	3.2 NAME	
STREET ADDRESS	303 S. E. 17th St.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Ft.Laud., FL 33316	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Patricia Mahaney* 5/27/98 (954) 355-4954

CR2E037 (10/97)