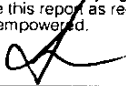


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2007 8:00 am
Secretary of State

07-17-2007 90108 005 ****61.25

DOCUMENT # N26726 1. Entity Name HEALTHCARE EDUCATION PLUS, INC.					
Principal Place of Business 303 SE 17TH ST ATTN: HUMAN RESOURCE ADMIN FT. LAUDERDALE, FL 33316			Mailing Address 303 SE 17TH ST ATTN: HUMAN RESOURCE ADMIN FT. LAUDERDALE, FL 33316		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0234119	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LAURA SEIDMAN, ESQ, GENERAL COUNSEL 303 SE 17TH STREET FORT LAUDERDALE, FL 33316				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MAIETTA, CAROL 303 SE 17TH STREET FORT LAUDERDALE, FL 33316	☒ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Seaver, Jean 303 SE 17th Street Ft. Lauderdale, FL 33316
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KNIGHT, MARK 303 SE 17TH ST FT. LAUDERDALE, FL 33316	☒ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Nask, Frank 303 SE 17th Street Ft. Lauderdale, FL 33316
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WONG, DIONNE 303 SE 17TH STREET FT. LAUDERDALE, FL 33316	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 149, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Dionne Wong, VP/CHRO 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					

40125648



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1-10-07