

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Apr 25 1997 8:00am  
Secretary of State**

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # 753362 (3)**  
1. Corporation Name  
**HEALTH EDUCATION SYSTEMS RESEARCH, INC.**



Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
3968 NW 25TH CIR C/O GERALD WIECHMANN GAINESVILLE FL 32606		3968 NW 25TH CIR C/O GERALD WIECHMANN GAINESVILLE FL 32606-7414		07/15/1980	04/18/1996
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For		
21	26	59-2038683	Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required		
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees		
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23	28				
Zip	Country	29	30		
24	25				

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
WIECHMANN, GERALD 3968 NW 25TH CIR. GAINESVILLE FL 33606		81	Name		
		82	Street Address (P.O. Box Number is Not Acceptable)		
		83			
		84	City	FL	85

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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	PD
NAME	MCCABE, TYLER R	1.2 NAME	L.A. Ollinger
STREET ADDRESS	31 CHESHIRE LANE	1.3 STREET ADDRESS	3968 NW 25th Circle
CITY-ST-ZIP	YORKTOWN NY	1.4 CITY-ST-ZIP	Gainesville, FL 32606
TITLE	D	2.1 TITLE	VPD
NAME	ROBBINS, DOUGLAS K	2.2 NAME	Gerald H. Wiechmann
STREET ADDRESS	332 WATERS EDGE DRIVE S	2.3 STREET ADDRESS	3968 NW 25th Circle
CITY-ST-ZIP	PONTE VEDRA BEACH FL	2.4 CITY-ST-ZIP	Gainesville, FL 32606
TITLE	SD	3.1 TITLE	
NAME	ROBBINS, KELLEY	3.2 NAME	
STREET ADDRESS	332 WATERS EDGE DRIVE S	3.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	
NAME	WIECHMANN, BRET	4.2 NAME	
STREET ADDRESS	3968 NW 25TH CIR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	WIECHMANN, H.H.	5.2 NAME	
STREET ADDRESS	6302 JULIAN	5.3 STREET ADDRESS	
CITY-ST-ZIP	SPRINGFIELD VA	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	OLLINGER, MELVA	6.2 NAME	
STREET ADDRESS	10098 GROSVENOR DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO	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.

CF2E037 (9/96)