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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 753362

1. Corporation Name
HEALTH EDUCATION SYSTEMS RESEARCH, INC.

Principal Place of Business 3968 NW 25TH CIR C/O GERALD WIECHMANN GAINESVILLE FL 32606	Mailing Address 3968 NW 25TH CIR C/O GERALD WIECHMANN GAINESVILLE FL 32606
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 07/15/1980	4. FEI Number 59-2038683 Applied For Not Applicable	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
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9. Name and Address of Current Registered Agent WIECHMANN, GERALD 3968 NW 25TH CIR. GAINESVILLE FL 33606		10. Name and Address of New Registered Agent			
		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 _____ (NOTE: Registered Agent signature required when reinstating) 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	MCCABE, TYLER R	1.2 NAME	
STREET ADDRESS	31 CHESHIRE LANE	1.3 STREET ADDRESS	421 Wakarusa Way, Ste. 201
CITY-ST-ZIP	YORKTOWN NY	1.4 CITY-ST-ZIP	Salt Lake City, Utah 84608
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBBINS, DOUGLAS K	2.2 NAME	
STREET ADDRESS	332 WATERS EDGE DRIVE S	2.3 STREET ADDRESS	705 Granbury Way
CITY-ST-ZIP	PONTE VEDRA BEACH FL	2.4 CITY-ST-ZIP	Alpharetta, GA 30022
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBBINS, KELLEY	3.2 NAME	
STREET ADDRESS	332 WATERS EDGE DRIVE S	3.3 STREET ADDRESS	705 Granbury Way
CITY-ST-ZIP	PONTE VEDRA BEACH FL	3.4 CITY-ST-ZIP	Alpharetta, GA 30022
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIECHMANN, BRET	4.2 NAME	
STREET ADDRESS	4405 NW 9TH PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32605	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIECHMANN, H.H.	5.2 NAME	
STREET ADDRESS	6302 JULIAN	5.3 STREET ADDRESS	7445 Spring Village Dr., P.V-124
CITY-ST-ZIP	SPRINGFIELD VA	5.4 CITY-ST-ZIP	Springfield, VA 22150
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: *Melva Ollinger* SIGNATURE REQUIRED Pres. 04/19/99 352-373-2316
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)