

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 17, 2004
Secretary of State**

DOCUMENT# 753362

Entity Name: HEALTH EDUCATION SYSTEMS RESEARCH, INC.

Current Principal Place of Business:

3968 NW 25TH CIR
C/O GERALD WIECHMANN
GAINESVILLE, FL 32606

New Principal Place of Business:

Current Mailing Address:

3968 NW 25TH CIR
C/O GERALD WIECHMANN
GAINESVILLE, FL 32606

New Mailing Address:

FEI Number: 59-2038683 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WIECHMANN, GERALD
3968 NW 25TH CIR.
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCCABE, TYLER R
Address: 421 WAKERA WAY -STE 201
City-St-Zip: SALT LAKE CITY, UT 84108

Title: D () Delete
Name: ROBBINS, DOUGLAS K
Address: 9727 WYLAND CT
City-St-Zip: WINDERMERE, FL 34786

Title: SD () Delete
Name: ROBBINS, KELLEY
Address: 9727 WYLAND CT
City-St-Zip: WINDERMERE, FL 34786

Title: TD () Delete
Name: WIECHMANN, BRET,
Address: 4405 NW 9TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Delete
Name: WIECHMANN, H.H.,
Address: 7445 SPRING VILLAGE DR. -PV 124
City-St-Zip: SPRINGFIELD, VA

Title: D () Delete
Name: OLLINGER, MELVA,
Address: 10098 GROSVENOR DR.
City-St-Zip: ST. LOUIS, MO

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: WIECHMANN, BRET,
Address: 8616 SW 40TH AVE
City-St-Zip: GAINESVILLE, FL 32608

Title: D (X) Change () Addition
Name: WIECHMANN, H.H.,
Address: 7470 SPRING VILLAGE DR. -RG-302
City-St-Zip: SPRINGFIELD, VA

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELVA OLLINGER

D

04/17/2004

Electronic Signature of Signing Officer or Director

_____ Date

VP/D GERALD H. WIECHMANN
3968 NW 25TH CIRCLE
GAINESVILLE, FL 32606

P/D L.A. OLLINGER
3968 NW 25TH CIRCLE
GAINESVILLE, FL 32606