

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753362

FILED
Apr 30, 2009
Secretary of State

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:

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

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: GERALD. H. WIECHMANN 04/30/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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: 8616 SW 40TH AVE
City-St-Zip: GAINESVILLE, FL 32608

Title: P/D () Delete
Name: OLLINGER, L.A.
Address: 3968 NW 25TH CIRCLE
City-St-Zip: GAINESVILLE, FL 32606 US

Title: VP/D () Delete
Name: WIECHMANN, GERALD
Address: 3968 NW 25TH CIRCLE
City-St-Zip: GAINESVILLE, FL 32606 US

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: L.A.OLLINGER P 04/30/2009
Electronic Signature of Signing Officer or Director Date