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:			New Principal Place	New Principal Place of Business:	
C/O GER/	25TH CIR ALD WIECHMA ILLE, FL 32606				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
C/O GER/	25TH CIR ALD WIECHMA ILLE, FL 32606				
FEI Number	: 59-2038683	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
	ANN, GERALD		WIECHMANN, GERA	LD H VP	
3968 NW 25TH CIR. GAINESVILLE, FL 32606 US			3968 NW 25TH CIR. GAINESVILLE, FL 32606 US		
	e named entity s e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both	
SIGNATURE: GERALD. H. WIECHMANN					
SIGNATU	RE: GERALD.	H. WIECHMANN		04/30/2009	
SIGNATU		H. WIECHMANN ic Signature of Registered Ag	ent	04/30/2009 Date	
		ic Signature of Registered Ag			
	Electron S AND DIRECT D ()	ic Signature of Registered Ag FORS: ^{Delete}		Date	
OFFICER Title: Name:	Electron S AND DIRECT D () ROBBINS, DOU	ic Signature of Registered Ag FORS: Delete GLAS K	ADDITIONS/CHANG Title: Name:	Date ES TO OFFICERS AND DIRECTO	
OFFICER Title: Name: Address:	Electron S AND DIRECT D ()	ic Signature of Registered Ag FORS: Delete GLAS K CT	ADDITIONS/CHANG	Date ES TO OFFICERS AND DIRECTO	
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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