FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 763147 (6)

1. Corporation Name

HEALTH WORLD, INC.

Principal Place of Business	Mailing Address
% FREDERICK W HERING 200 GREEN LAKE CIR LONGWOOD FL 32779	% FREDERICK W HERING 200 GREEN LAKE CIR LONGWOOD FL 32779

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/05/1982
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2870254 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HERING, FREDERICK W
200 GREEN LAKE CIRCLE
LONGWOOD FL 32779

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE ______________________ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	☐ Change ☐ Addition
NAME	VIOLA, LORETTA	1.2 NAME	
STREET ADDRESS	2316 LA ROSA LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	HERING, FREDERICK W.	2.2 NAME	
STREET ADDRESS	200 GREEN LANE CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	HERING, FREDERICK W	3.2 NAME	
STREET ADDRESS	200 GREEN LAKE CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	TD ☐ Change ☒ Addition
NAME	TOWNSEND, DR JOCELYN	4.2 NAME	TOWNSEND, DR. JOCELYN
STREET ADDRESS	6025 HORE BLVD S	4.3 STREET ADDRESS	6025 SHORE BLVD, S
CITY-ST-ZIP	GULFPORT FL	4.4 CITY-ST-ZIP	GULFPORT, FL
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	HOPKINS, DR HOMER P	5.2 NAME	
STREET ADDRESS	190 LAKE CHATEAU DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	HEMITAGE TN	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	BRISOLARA, ASHTON	6.2 NAME	
STREET ADDRESS	4013 CLEARY AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	METAIRIE LA	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Frederick W Hering, FREDERICK W HERING 26 Apr. 1995 (407)862-5178

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #