

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 846229

(3)

1. Corporation Name

THE HEALTH UNIVERSITY, INC.

Principal Place of Business

Mailing Address

% FREDERICK W. HERING
200 GREEN LAKE CIRCLE
LONGWOOD FL 32779

% FREDERICK W. HERING
200 GREEN LAKE CIRCLE
LONGWOOD FL 32779



3. Date Incorporated or Qualified
06/16/1980

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip 25 Country

29 Zip 30 Country

4. FEI Number

52-1118764

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HERING, FREDERICK W.
200 GREEN LAKE CIRCLE
LONGWOOD FL 32779

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME CLIFFORD, GRACE
STREET ADDRESS 5518 CONNECTUCUT AVE.W.
CITY-ST-ZIP WASHINGTON, DC 00000 ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DP
NAME HERING, DR FREDERICK W
STREET ADDRESS 200 GREEN LAKE CIRCLE
CITY-ST-ZIP LONGWOOD, FL 00000 ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME HOPKINS, HOMER P
STREET ADDRESS 190 LAKE CHATEAU DR
CITY-ST-ZIP HERMITAGE TN ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME HULL, ELEANOR C.
STREET ADDRESS 911 HILLTOP DRIVE
CITY-ST-ZIP CHULA VISTA CA ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME TOWNSEND, JOCELYN
STREET ADDRESS 6025 SHORE BLVD SOUTH
CITY-ST-ZIP GULFPORT FL ☒ DELETE

5.1 TITLE SD
5.2 NAME VIOLA, LORETTA
5.3 STREET ADDRESS 2316 LA ROSA LANE
5.4 CITY-ST-ZIP DAYTONA BEACH, FL ☒ Addition

TITLE TD
NAME HERING, FREDERICK W
STREET ADDRESS 200 GREEN LAKE CIR
CITY-ST-ZIP LONGWOOD FL ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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, 4/24/96, (407) 862-5178
PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)