

FILE NOW: FILING FEE IS \$61.25

FILED

May 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 846229 (3)

1. Corporation Name
THE HEALTH UNIVERSITY, INC.

Principal Place of Business % FREDERICK W. HERING 200 GREEN LAKE CIRCLE LONGWOOD FL 32779	Mailing Address % FREDERICK W. HERING 200 GREEN LAKE CIRCLE LONGWOOD FL 32779-3534
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2. Principal Place of Business 21 1245 LAS BRISAS DRIVE	2a. Mailing Address 26 1245 LAS BRISAS DRIVE	3. Date Incorporated or Qualified 06/16/1980	3a. Date of Last Report 05/01/1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 52-1118764	Applied For <input type="checkbox"/> Not Applicable
City & State 22 DAYTONA BEACH, FL 32119	City & State 27 DAYTONA BEACH, FL 32119	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 24	Country 25 USA	Zip 29	Country 30 USA

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 HERING, FREDERICK W. 82 Street Address (P.O. Box Number is Not Acceptable) 1245 LAS BRISAS DRIVE 83 84 City DAYTONA BEACH, FL 85 Zip Code 32119
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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CLIFFORD, GRACE		1.2 NAME	
STREET ADDRESS 5518 CONNECTUCUT AVE.W.		1.3 STREET ADDRESS	
CITY-ST-ZIP WASHINGTON, DC 00000		1.4 CITY-ST-ZIP	
TITLE DP	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HERING, DR FREDERICK W		2.2 NAME	address
STREET ADDRESS 200 GREEN LAKE CIRCLE		2.3 STREET ADDRESS	
CITY-ST-ZIP LONGWOOD, FL 00000		2.4 CITY-ST-ZIP	1245 LAS BRISAS DRIVE DAYTONA BEACH, FL 32119
TITLE VD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HOPKINS, HOMER P		3.2 NAME	
STREET ADDRESS 190 LAKE CHATEAU DR		3.3 STREET ADDRESS	
CITY-ST-ZIP HERMITAGE TN		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HULL, ELEANOR C.		4.2 NAME	
STREET ADDRESS 911 HILLTOP DRIVE		4.3 STREET ADDRESS	
CITY-ST-ZIP CHULA VISTA CA		4.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VIOLA, LORETTA		5.2 NAME	
STREET ADDRESS 2316 LA ROSA LANE		5.3 STREET ADDRESS	
CITY-ST-ZIP DAYTONA BCH FL		5.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HERING, FREDERICK W		6.2 NAME	address
STREET ADDRESS 200 GREEN LAKE CIR		6.3 STREET ADDRESS	
CITY-ST-ZIP LONGWOOD FL		6.4 CITY-ST-ZIP	1245 LAS BRISAS DRIVE DAYTONA BEACH, FL 32119

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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* **MARCH 18, 1997** (407) 862-5178
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)