FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #1. Corporation Name

(3)

THE H	EALTH UNIVERSITY, INC.							
Principal Place of Business Mailing Address								
1245 LAS BRIS DAYTONA BEA	1245 LAS BRISAS DRIVE DAYTONA BEACH FL 32119				3. Date Incorporated or Qualified 06/16/1980			
US		US				4. FEI Number Applie	d For	
						797	pplicable	
2. Principal P	ace of Business	28. Mailing Address 26				5. Certificate of Status Desired See Regula		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Trust Fund Contribution Added to Fe		
City & State		City & State				7. Is this nonprofit corporation a homeowners association? Yes No		
Zip	Country	Zip	Cou	ntry		8. This corporation owes or has paid the current year intends	ible	
24	25	29 3	0			Personal Property Tax due June 30. Yes XN	0	
	9. Name and Address of Current	Registered Agent		ma I		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				
DAYTONA BEACH FL 32119				63				
			Ì	84	City	FL 85 Zip Cod	e	
44 Duranta	to the annual state of Sections 617 0500	and 617 4500 Finding Statutes	100	Щ			alatorad	
office or re	egistered agent, or both, in the State o	f Florida, Such change was au	thorized	d by	the corp	d corporation submits this statement for the purpose of changing its re rporation's board of directors. I hereby accept the appointment as regi	istered	
.	m familiar with, and accept the obligati	ions of, Section 617.0503, Flori	da Stat	utes				
SIGNATURE .	Signature, typed or printed name of registered agent	and title it applicable (NOTE: I	Registered	1 Aner	nt signatura	re required when reinstating) DATE		
12.	OFFICERS AND		13.	2 regoi	ii segraziono	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	l 12	
TITLE	D	DELETE	1,110	TLE	T		Addition	
NAME	CLIFFORD, GRACE	7.	12 NA	ME		BRISOLARA, M.ED., ASHTON	_	
STREET ADDRESS	5518 CONNECTUCUT AVE.W.		1.3 ST	REET /	ADDRESS	4013 CLEARY AVE.,		
CITY-ST-ZIP	WASHINGTON, DC 00000		1			METAIRIE, LA 70002	'	
TITLE	DP	☐ DELETE	2.1 TI	rle		☐ Change ☐	Addition	
NAME	HERING, DR FREDERICK W		2.2 NA	ME	l			
STREET ADDRESS	1234 LAS BRISAS DRIVE		2.3 ST	REET	address (
CITY-ST-ZIP	DAYTONA BEACH FL		2. 4 CITY		T-ZIP			
TITLE	VO	☐ DELETE	3.1 TITLE			VD Change	Addition	
NAME	HOPKINS, HOMER P		3.2 NAME			HOPKINS, DR HOMER P	:	
STREET ADDRESS	190 LAKE CHATEAU DR		3.3 STREET AD		ADDRESS	190 LAKE CHATEAU DR		
CITY-ST-ZIP	HERMITAGE TN		3.4. CITY - ST - ZIP		T-21P	HERMITAGE, TN		
TITLE	D	TA DELETE	4.1 Tfl	TLE		D Change X	Addition	
NAME	HULL, ELEANOR C.	^	4. 2 N	AME		VIOLA, A,A,.LORETTA		
STREET ADDRESS	911 HILLTOP DRIVE		4.3 ST	REET /	address	2316 LA ROSA LANE		
CITY-SY-ZW	CHULA VISTA CA		4.4 CI	TY-ST	- ZIP	DAVIDONA REACH ET.		
	OD.	T. DELETE	= - ·			DATIONA DEGICAL TE	Addition	

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

5.4 CITY-SY-ZIP

STREET ADDRESS

STREET ADDRESS

TITLE

NAME

VIOLA, LORETTA

2316 LA ROSA LANE

HERING, FREDERICK W

DAYTONA BEACH FL

1245 LAS BRISAS DRIVE

DAYTONA BCH FL

☐ DELETE

HERING, M.P.H., SUSAN

1245 LAS BRISAS DRIVE

DAYTONA BEACH, FL

FILED

Apr 28 1998 8:00am

Secretary of State