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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 19, 1999 8:00 am  
Secretary of State

04-19-1999 90121 023 \*\*\*\*61.25

DOCUMENT # 846229

1. Corporation Name

THE HEALTH UNIVERSITY, INC.

Principal Place of Business

1245 LAS BRISAS DRIVE  
DAYTONA BEACH FL 32119  
US

Mailing Address

1245 LAS BRISAS DRIVE  
DAYTONA BEACH FL 32119  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

06/16/1980

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

9. Name and Address of Current Registered Agent

HERING, FREDERICK W.  
1245 LAS BRISAS DRIVE  
DAYTONA BEACH FL 32119

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 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

TITLE D ☐ DELETE

NAME BRISOLARA, ASHTON M  
STREET ADDRESS 4013 CLEARY AVE  
CITY-ST-ZIP METAIRIE LA 70002

TITLE DP ☐ DELETE

NAME HERING, DR FREDERICK W  
STREET ADDRESS 1234 LAS BRISAS DRIVE  
CITY-ST-ZIP DAYTONA BEACH FL

TITLE VD ☐ DELETE

NAME HOPKINS, HOMER P MD  
STREET ADDRESS 190 LAKE CHATEAU DR  
CITY-ST-ZIP HERMITAGE TN

TITLE D ☒ DELETE

NAME VIOLA, LORETTA A A  
STREET ADDRESS 2316 LA ROSA LN  
CITY-ST-ZIP DAYTONA BEACH FL

TITLE SD ☒ DELETE

NAME HERING, SUSAN MPH  
STREET ADDRESS 1245 LAS BRISAS DR  
CITY-ST-ZIP DAYTONA BCH FL

TITLE TD ☒ DELETE

NAME HERING, FREDERICK W  
STREET ADDRESS 1245 LAS BRISAS DRIVE  
CITY-ST-ZIP DAYTONA BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SD

HERING, JR., FREDERICK W.MPA  
9420 BRACKIN ST.  
ORLANDO, FL.

TD

HERING, SUSAN E.MPH  
1245 LAS BRISAS DR.  
DAYTONA BEACH, FL.

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)