


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90044 047 ****61.25

DOCUMENT # 846229	
1. Entity Name THE HEALTH UNIVERSITY, INC.	

Principal Place of Business 1245 LAS BRISAS DRIVE DAYTONA BEACH FL 32129 US	Mailing Address 1245 LAS BRISAS DRIVE DAYTONA BEACH FL 32129 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 52-1118764	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HERING, FREDERICK W. 1245 LAS BRISAS DRIVE DAYTONA BEACH FL 32129

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DELETE <input type="checkbox"/>
D BRISOLARA, ASHTON M 4013 CLEARY AVE METAIRIE LA 70002	<input type="checkbox"/>
DPT HERING, DR FREDERICK W 1234 LAS BRISAS DRIVE DAYTONA BEACH FL	<input type="checkbox"/>
DS HOPKINS, HOMER P MD 190 LAKE CHATEAU DR HERMITAGE TN	<input type="checkbox"/>
D VIOLA, LORETTA A A 2316 LA ROSA LN DAYTONA BEACH FL	<input type="checkbox"/>
DV HERING JR, FREDRICK W MPA 9420 BRACKIN ST ORLANDO FL	<input type="checkbox"/>
DN HERING, SUSAN E MPH 1245 LAS BRISAS DRIVE DAYTONA BEACH FL	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CHANGE <input checked="" type="checkbox"/> ADDITION <input type="checkbox"/>
D BRISOLARA, ASHTON M. 505 LAURELLEAF LANE COVINGTON, LA 70433-7202	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Fredrick W Hering</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	FREDERICK W. HERING PRESIDENT	MAR. 30, 2004 Date	(386) 304-3091 Daytime Phone #
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