

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90177 002 \*\*\*\*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

2. Principal Place of Business

1245 LAS BRISAS DR

3. Mailing Address

1245 LAS BRISAS DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT ORANGE, FL

City & State

PORT ORANGE, FL

Zip

32129

Country

Volusia

Zip

32129

Country

Volusia

4. FEI Number

52-1118764

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HERING, FREDERICK W.  
1245 LAS BRISAS DRIVE  
~~DAYTONA BEACH FL 32129~~  
PORT ORANGE, 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

**FILE NOW: FEE IS \$61.25**

**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME BRISOLARA, ASHTON M  
STREET ADDRESS 505 LAURELLEAF LANE  
CITY-ST-ZIP COVINGTON LA 70433-7202

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

TITLE DS ☐ Delete  
NAME HOPKINS, HOMER P PH.D  
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 DV ☐ Delete  
NAME HERING JR, FREDRICK W MPA  
STREET ADDRESS 9420 BRACKIN ST  
CITY-ST-ZIP ORLANDO FL

TITLE DN ☐ Delete  
NAME HERING, SUSAN E MPH  
STREET ADDRESS 1245 LAS BRISAS DRIVE  
CITY-ST-ZIP DAYTONA BEACH FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Change ☐ Addition  
NAME BRISOLARA, ASHTON M. M.ED.  
STREET ADDRESS 505 LAURELLEAF LANE  
CITY-ST-ZIP COVINGTON, LA 70433-7202

TITLE DPT ☒ Change ☐ Addition  
NAME HERING, DR. FREDERICK W  
STREET ADDRESS 1245 LAS BRISAS DRIVE  
CITY-ST-ZIP PORT ORANGE, FL 32129

TITLE D ☒ Change ☐ Addition  
NAME HOPKINS, HOMER P. PH.D  
STREET ADDRESS 190 LAKE CHATEAU DR.  
CITY-ST-ZIP HERMITAGE, TN 37076

TITLE DV ☐ Change ☒ Addition  
NAME HERING, ELIZABETH B.A.  
STREET ADDRESS 312 STREAMVIEW WAY  
CITY-ST-ZIP WINTER SPRINGS, FL 32708

TITLE DS ☒ Change ☐ Addition  
NAME HERING, JR, FREDERICK W. MPA  
STREET ADDRESS 312 STREAMVIEW WAY  
CITY-ST-ZIP WINTER SPRINGS, FL 32708

TITLE DM ☒ Change ☐ Addition  
NAME HERING, SUSAN E MPH  
STREET ADDRESS 1245 LAS BRISAS DR.  
CITY-ST-ZIP PORT ORANGE, FL 32129

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Fredrick W Hering*

FREDERICK W HERING  
President

FEB 20, 2006

(386)304-3091