


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90186 010 ****61.25

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

Principal Place of Business 1245 LAS BRISAS DRIVE PORT ORANGE FL 32129 US	Mailing Address 1245 LAS BRISAS DRIVE PORT ORANGE FL 32129 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/06)

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 PORT ORANGE FL 32129	
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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, 2007	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D NAME BRISOLARA, ASHTON M. <i>med.</i> STREET ADDRESS 505 LAUREL LEAF LANE CITY- ST- ZIP COVINGTON LA 70433-7202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DPT NAME HERING, DR FREDERICK W STREET ADDRESS 1245 LAS BRISAS DR CITY- ST- ZIP PORT ORANGE FL 32129	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME HOPKINS, HOMER P PH.D STREET ADDRESS 150 LAKE CHATEAU DR CITY- ST- ZIP HERMITAGE TN	<input type="checkbox"/> Delete	TITLE D NAME HOPKINS, HOMER P. PH.D STREET ADDRESS 2716 FLEET DRIVE CITY- ST- ZIP HERMITAGE, TN 37076	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DV NAME HERING, B.A. ELIZABETH . B.A. STREET ADDRESS 312 STREAMVIEW WAY CITY- ST- ZIP WINTER SPRINGS FL 32708	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DS NAME HERING JR, FREDRICK W MPA STREET ADDRESS 312 STREAMVIEW WAY CITY- ST- ZIP WINTER SPRINGS FL 32708	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DM NAME HERING, SUSAN E MPH STREET ADDRESS 1245 LAS BRISAS DRIVE CITY- ST- ZIP PORT ORANGE FL 32129	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Frederick W. Hering* **OR FREDERICK W. HERING** **DATE** *MAR 14 2007* (386) 304-3091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR