

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 846229

FILED
Apr 18, 2009
Secretary of State

Entity Name: THE HEALTH UNIVERSITY, INC.

Current Principal Place of Business:

1245 LAS BRISAS DRIVE
PORT ORANGE, FL 32129 US

New Principal Place of Business:

Current Mailing Address:

1245 LAS BRISAS DRIVE
PORT ORANGE, FL 32129 US

New Mailing Address:

FEI Number: 52-1118764

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERING, FREDERICK W.
1245 LAS BRISAS DRIVE
PORT ORANGE, FL 32129 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BRISOLARA, ASHTON M
Address: 505 LAUREL LEAF LANE
City-St-Zip: COVINGTON, LA 704337202

Title: DPT () Delete
Name: HERING, DR FREDERICK W
Address: 1245 LAS BRISAS DR
City-St-Zip: PORT ORANGE, FL 32129

Title: D () Delete
Name: HOPKINS, HOMER P PH.D
Address: 2716 FLEET DR
City-St-Zip: HERMITAGE, TN 37076

Title: DV () Delete
Name: HERING, B.A, ELIZABETH
Address: 312 STREAMVIEW WAY
City-St-Zip: WINTER SPRINGS, FL 32708

Title: DS () Delete
Name: HERING JR, FREDRICK W MPA
Address: 312 STREAMVIEW WAY
City-St-Zip: WINTER SPRINGS, FL 32708

Title: DM () Delete
Name: HERING, SUSAN E MPH
Address: 1245 LAS BRISAS DRIVE
City-St-Zip: PORT ORANGE, FL 32129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BRISOLARA, ASHTON M E.ED
Address: 505 LAUREL LEAF LANE
City-St-Zip: COVINGTON, LA 704337202

Title: DPT (X) Change () Addition
Name: HERING, DR. FREDERICK W
Address: 1245 LAS BRISAS DR
City-St-Zip: PORT ORANGE, FL 32129

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change () Addition
Name: HERING,, ELIZABETH B.A.
Address: 312 STREAMVIEW WAY
City-St-Zip: WINTER SPRINGS, FL 32708

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FREDERICK W. HERING

PRES

04/18/2009

Electronic Signature of Signing Officer or Director

Date