2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 846229

FILED Apr 11, 2010 Secretary of State

Date

Entity Name: THE HEALTH UNIVERSITY, INC.

Current Principal Place of Business: New Principal Place of Business:

1245 LAS BRISAS DRIVE

PORT ORANGE, FL 32129 US

Current Mailing Address: New Mailing Address:

US

1245 LAS BRISAS DRIVE

PORT ORANGE, FL 32129 US

FEI Number: 52-1118764 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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

OFFICERS AND DIRECTORS:

Title: D

Name: BRISOLARA, ASHTON M E.ED Address: 505 LAUREL LEAF LANE City-St-Zip: COVINGTON, LA 704337202

Title: DPT

Name: HERING, DR. FREDERICK W Address: 1245 LAS BRISAS DR City-St-Zip: PORT ORANGE, FL 32129

Title:

Name: HOPKINS, HOMER P PH.D Address: 2716 FLEET DR

City-St-Zip: HERMITAGE, TN 37076

Title: DV

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

Title: DS

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

Title: DM

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

I hereby 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 all other like empowered.

SIGNATURE: FREDERICK W. HERING PRES 04/11/2010