

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005266

**FILED**  
**Feb 16, 2012**  
**Secretary of State**

**Entity Name:** OFFICE OF EDUCATOR FOR HEALTH EDUCATION AND HIS SUCCESSORS, A CORPORATION SOLE

**Current Principal Place of Business:**

6226 COUNTRY CLUB WAY  
SARASOTA, FL 34243

**New Principal Place of Business:**

155 SARAH ST  
PUNTA GORDA, FL 33950

**Current Mailing Address:**

PO BOX 52014  
SARASOTA, FL 34232

**New Mailing Address:**

PO BOX 512559  
PUNTA GORDA, FL 33951

**FEI Number:** 55-0804221

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FRANCO, FLAVIO  
144 EXECUTIVE CIRCLE  
BOYNTON BEACH, FL 33436 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:** CEO  
**Name:** DYER, DAVID S  
**Address:** 155 SARAH ST  
**City-St-Zip:** PUNTA GORDA, FL 33950

**Title:** VP  
**Name:** LOGAN, GENTRY B  
**Address:** 1802 SE 6TH AVE  
**City-St-Zip:** CAPE CORAL, FL 33990

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:** DAVID S. DYER

CEO

02/16/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date