

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F74561

1. Corporation Name

Health Education Institute

Principal Place of Business

Mailing Address

4040 Kimberley Circle
Tallahassee, FL 32308

P.O. BOX 12574
Tallahassee, FL
32317-2574

2. Principal Place of Business

2a. Mailing Address

21 4040 Kimberley Circle

26 P.O. Box 12574

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Tallahassee, FL

28 Tallahassee, FL

Zip

Country

Zip

Country

24 32308

25 Leon

29 32317-2574

30 Leon

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Philip Maynard

345 S. Ilakee Avenue

Lake Alfred, FL 33850

81 Name

Louise M. Tomaszewski

82 Street Address (P.O. Box Number is Not Acceptable)

4040 Kimberley Circle

83

84 City

Tallahassee

FL

85 Zip Code
32308

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0503, Florida Statutes.

SIGNATURE

Louise M. Tomaszewski

LOUISE M. TOMASZEWSKI PRESIDENT 5-16-96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President/Treasurer ☒ DELETE
NAME Phillip Maynard
STREET ADDRESS 345 S. Ilakee Avenue
CITY-ST-ZIP Lake Alfred, FL 33850

1.1 TITLE President /Secretary ☒ Change ☐ Addition
1.2 NAME Louise M. Tomaszewski
1.3 STREET ADDRESS 4040 Kimberley Circle
1.4 CITY-ST-ZIP Tallahassee, FL 32308

TITLE Secretary /Vice-Pres ☒ DELETE
NAME Rebecca Maynard
STREET ADDRESS 345 S. Ilakee Avenue
CITY-ST-ZIP Lake Alfred, FL 33850

2.1 TITLE Vice-President /Tres. ☒ Change ☐ Addition
2.2 NAME Kevin P. Tomaszewski
2.3 STREET ADDRESS 4040 Kimberley Circle
2.4 CITY-ST-ZIP Tallahassee, FL 32308

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Louise M. Tomaszewski LOUISE M. TOMASZEWSKI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

DATE 5-16-96

DAYTIME PHONE #

(904) 656-8472

CR2E034 (12/95)