2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 AM
Secretary of State

DOCUMENT# F74561

Entity Name: HEALTH EDUCATION INSTITUTE, INC.

Current Principal Place of Business:

4040 KIMBERLEY CIR
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

4040 KIMBERLEY CIR
TALLAHASSEE, FL 32309 US

Current Mailing Address:

P.O. BOX 12574
TALLAHASSEE, FL 323172574 US

New Mailing Address:

FEI Number: 59-2197707 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TOMASZEWSKI, LOUISE M
4040 KIMBERLEY CIRCLE
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

TOMASZEWSKI, LOUISE M
4040 KIMBERLEY CIRCLE
TALLAHASSEE, FL 32309 US

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: _____ 04/29/2002
Electronic Signature of Registered Agent — Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PT ( ) Delete
Name: TOMASZEWSKI, LOUISE M
Address: 4040 KIMBERLEY CIRCLE
City-St-Zip: TALLAHASSEE, FL 32308

Title: V ( ) Delete
Name: TOMASZEWSKI, KEVIN P
Address: 4040 KIMBERLEY CIRCLE
City-St-Zip: TALLAHASSEE, FL 32308

Title: S ( ) Delete
Name: TOMASZEWSKI, GARY L
Address: 4040 KIMBERLEY CIRCLE
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition
Name: TOMASZEWSKI, LOUISE M
Address: 4040 KIMBERLEY CIRCLE
City-St-Zip: TALLAHASSEE, FL 32309

Title: V (X) Change ( ) Addition
Name: TOMASZEWSKI, KEVIN P
Address: 4040 KIMBERLEY CIRCLE
City-St-Zip: TALLAHASSEE, FL 32309

Title: S (X) Change ( ) Addition
Name: TOMASZEWSKI, GARY L
Address: 4040 KIMBERLEY CIRCLE
City-St-Zip: TALLAHASSEE, FL 32309

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOUISE M. TOMASZEWSKI PT 04/29/2002
Electronic Signature of Signing Officer or Director — Date