

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F74561

FILED  
May 01, 2006  
Secretary of State

Entity Name: HEALTH EDUCATION INSTITUTE, INC.

**Current Principal Place of Business:**

4040 KIMBERLY CIR  
TALLAHASSEE, FL 32309 US

**New Principal Place of Business:**

**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 KIMBERLY CIRCLE  
TALLAHASSEE, FL 32309 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete  
Name: TOMASZEWSKI, LOUISE M  
Address: 4040 KIMBERLY CIRCLE  
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: V ( ) Delete  
Name: TOMASZEWSKI, KEVIN P  
Address: 4040 KIMBERLY CIRCLE  
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: S ( ) Delete  
Name: TOMASZEWSKI, GARY L  
Address: 4040 KIMBERLY CIRCLE  
City-St-Zip: TALLAHASSEE, FL 32309 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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 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 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

05/01/2006

Electronic Signature of Signing Officer or Director

Date