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FILED
May 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # H84480 (3)

1. Corporation Name
HEALTH ENTERPRISES, INC.

Principal Place of Business

3520 THOMASVILLE RD.
SUITE 200
TALLAHASSEE FL 32308

Mailing Address

3520 THOMASVILLE RD.
SUITE 200
TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/07/1985

4. FEI Number

59-2648412

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
% CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME PONT, EDWIN S M.D.
STREET ADDRESS 3520 THOMASVILLE ROAD, SUITE 200
CITY-ST-ZIP TALLAHASSEE FL ☐ DELETE

TITLE D
NAME SCOTT, STEVEN M. MD
STREET ADDRESS 3520 THOMASVILLE RD., SUITE 200
CITY-ST-ZIP TALLAHASSEE FL ☐ DELETE

TITLE DP
NAME REDD, DEBORAH L
STREET ADDRESS 3520 THOMASVILLE ROAD, SUITE 200
CITY-ST-ZIP TALLAHASSEE FL ☒ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP
1.2 NAME BERTRAM E. WALLS, M.D.
1.3 STREET ADDRESS 3520 THOMASVILLE RD
1.4 CITY-ST-ZIP SUITE 200
TALLAHASSEE, FL 32308 ☐ Change ☒ Addition

2.1 TITLE DP
2.2 NAME EUGENE F. DAUCHET JR
2.3 STREET ADDRESS 3520 THOMASVILLE RD
2.4 CITY-ST-ZIP SUITE 200
TALLAHASSEE, FL 32308 ☐ Change ☒ Addition

3.1 TITLE DIT
3.2 NAME ARTHUR R. CARLSON
3.3 STREET ADDRESS 3520 THOMASVILLE RD
3.4 CITY-ST-ZIP SUITE 200
TALLAHASSEE, FL 32308 ☐ Change ☒ Addition

4.1 TITLE DIAS
4.2 NAME NANCY F. LOCKLEAR
4.3 STREET ADDRESS 3520 THOMASVILLE RD
4.4 CITY-ST-ZIP SUITE 200
TALLAHASSEE, FL 32308 ☐ Change ☒ Addition

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

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

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

[Signature] 11-27-98 11-27-98

CR2E034 (10/97)