

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 09, 1999 8:00 am  
Secretary of State

03-09-1999 90043 021 \*\*\*150.00

DOCUMENT # H84480

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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

TITLE DAS ☒ DELETE  
NAME LOCKLEAR, NANCY F  
STREET ADDRESS 3520 THOMASVILLE RD, SUITE 200  
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE DP ☐ DELETE  
NAME WALLS, BERTRAM E MD  
STREET ADDRESS 3520 THOMASVILLE RD, SUITE 200  
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE DVPS ☐ DELETE  
NAME DAUCHERT, EUGENE F JR  
STREET ADDRESS 3520 THOMASVILLE RD, SUITE 200  
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE DT ☐ DELETE  
NAME CARLSON, ARTHUR R  
STREET ADDRESS 3520 THOMASVILLE RD, SUITE 200  
CITY-ST-ZIP TALLAHASSEE FL 32308

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DAS ☒ Change ☒ Addition  
1.2 NAME ANITA S. WEGNER  
1.3 STREET ADDRESS 3520 THOMASVILLE RD  
1.4 CITY-ST-ZIP SUITE 200  
TALLAHASSEE FL 32308

2.1 TITLE DVP ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

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

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

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

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-99

Date

850-668-3000

Daytime Phone #

CR2E034 (11/98)