

# 2002 UNIFORM BUSINESS REPORT (UBR)

003474 AV

DOCUMENT # H84480

1. Entity Name  
HEALTH ENTERPRISES, INC.

FILED

02 MAR -5 AM 11: 19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
3520 THOMASVILLE RD.  
TALLAHASSEE FL 32308

Mailing Address  
3520 THOMASVILLE RD.  
TALLAHASSEE FL 32308



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2648412

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COHEN, GERALD M ESQ  
300 SOUTH PARK ROAD  
HOLLYWOOD FL 33021

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete  
NAME JOYCE, DREW  
STREET ADDRESS 2828 CROAISDALE DRIVE  
CITY-ST-ZIP DURHAM NC 27705

TITLE ☐ Change ☒ Addition  
NAME Felicia King  
STREET ADDRESS 2828 Croaisdale Drive  
CITY-ST-ZIP Durham, NC 27705

TITLE ☐ Delete  
NAME DP  
STREET ADDRESS SCOTT, STEVEN M. MD  
CITY-ST-ZIP 2828 CROAISDALE DRIVE  
DURHAM NC 27705

TITLE ☐ Change ☐ Addition  
NAME 300005112483--9  
STREET ADDRESS -03/18/02--01025--005  
CITY-ST-ZIP \*\*\*\*158.75 \*\*\*\*158.75

TITLE ☐ Delete  
NAME AS  
STREET ADDRESS WEGNER, ANITA S  
CITY-ST-ZIP 2828 CROAISDALE DRIVE  
DURHAM NC 27705

TITLE ☒ Change ☐ Addition  
NAME S  
STREET ADDRESS Wegner, Anita S.  
CITY-ST-ZIP 2828 Croaisdale Dr.  
Durham, NC 27705

TITLE ☒ Delete  
NAME DAS  
STREET ADDRESS WEGNER, ANITA S  
CITY-ST-ZIP 3520 THOMASVILLE RD, SUITE 200  
TALLAHASSEE FL 32308

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)