

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H84480

FILED
Apr 30, 2004
Secretary of State

Entity Name: HEALTH ENTERPRISES, INC.

Current Principal Place of Business:

3520 THOMASVILLE RD.
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

3520 THOMASVILLE RD.
TALLAHASSEE, FL 32308

New Mailing Address:

2828 CROASDAILE DRIVE
DURHAM, NC 27705

FEI Number: 59-2648412

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

WEGNER, ANITA S
300 SOUTH PARK ROAD
HOLLYWOOD, FL 33021 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: ANITA S WEGNER

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: KING, FELICIA
Address: 2828 CROAISDALE DRIVE
City-St-Zip: DURHAM, NC 27705

Title: DP () Delete
Name: SCOTT, STEVEN M. MD
Address: 2828 CROAISDALE DRIVE
City-St-Zip: DURHAM, NC 27705

Title: S () Delete
Name: WEGNER, ANITA S
Address: 2828 CROAISDALE DRIVE
City-St-Zip: DURHAM, NC 27705

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 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: STEVEN M SCOTT, MD

PRES

04/30/2004

Electronic Signature of Signing Officer or Director

Date