FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K53380 (7)

1. Corporation Name
HEALTH EDUCATION ASSOCIATES, INC.

Principal Place of Business	Mailing Address
1466 E. MICHIGAN STREET ORLANDO FL 32806	1466 E. MICHIGAN STREET ORLANDO FL 32806

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/22/1988
3a. Date of Last Report: 04/07/1994

2. Principal Place of Business	2a. Mailing Address
21 530 N. Bumby Ave	26 530 N. Bumby Ave
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Orlando, Fl	28 City & State: Orlando, Fl
24 Zip: 32803 25 Country: Orange	29 Zip: 32803 30 Country: Orange

4. FEI Number: 65-0091451 ☐ 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 has liability for intangible tax under § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SENN, CHARLENE
1466 E. MICHIGAN STREET
ORLANDO FL 32806

10. Name and Address of New Registered Agent

91 Name: Charlene Senn
92 Street Address (P.O. Box Number is Not Acceptable): 530 N. Bumby Ave
93
94 City: Orlando FL 95 Zip Code: 32803

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 required for printed name of Registered Agent and title if applicable) NOTE: Registered Agent signature required when mandatory DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	11 TITLE	PST ☒ Change ☐ Addition
NAME	SENN, CHARLENE	12 NAME	Charlene Senn
STREET ADDRESS	1466 E MICHIGAN ST	13 STREET ADDRESS	530 N. Bumby Ave
CITY ST ZIP	ORLANDO FL	14 CITY ST ZIP	Orlando, Fl 32803
TITLE	D	21 TITLE	D ☒ Change ☐ Addition
NAME	SENN, CHARLENE	22 NAME	Charlene Senn
STREET ADDRESS	1466 E. MICHIGAN ST	23 STREET ADDRESS	530 N. Bumby Ave
CITY ST ZIP	ORLANDO FL	24 CITY ST ZIP	Orlando, Fl 32803
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Charlene Senn Charlene Senn 4/27/95 407-894-3060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0056767 CP