

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K53380** (7)

1. Corporation Name

HEALTH EDUCATION ASSOCIATES, INC.



Principal Place of Business

**530 N. BUMBY AVE.
ORLANDO FL 32803
US**

Mailing Address

**530 N. BUMBY AVE.
ORLANDO FL 32803
US**

3. Date Incorporated or Qualified
12/22/1988

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 **6500 The Landings DR**

2a. Mailing Address

26 **6500 The Landings DR**

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 s. 199.032,
Florida Statutes ☒ Yes ☐ No

Suite, Apt. #, etc.

22 **Orlando, Florida**

City & State

23 **Orlando, Florida**

Zip

24 **32812**

Country

25 **Orange**

City & State

26 **Orlando, FL**

Zip

27 **32812**

Country

28 **Orange**

City & State

29 **Orlando, FL**

Zip

30 **32812**

Country

31 **Orange**

9. Name and Address of Current Registered Agent

**SENN, CHARLENE
530 N. BUMBY AVE.
ORLANDO FL 32803**

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 the filer/signature

(If filer, Registered Agent signature required when the filer is not the agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
**PST
SENN, CHARLENE
530 N. BUMBY AVE.
ORLANDO FL**

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME
**D
SENN, CHARLENE
530 N. BUMBY AVE.
ORLANDO FL**

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

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

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY - ST - ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY - ST - ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY - ST - ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY - ST - ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. 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)(k), 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

5/29/96

407-898-3060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)