# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 10, 2011**
**Secretary of State**

DOCUMENT# N00000000492

**Entity Name:** HEALTH & EDUCATIONAL RELIEF ORGANIZATION, INC.

**Current Principal Place of Business:**

245-07 FRANCES LEWIS BLVD.
ROSEDALE, NY 11422

**New Principal Place of Business:**

**Current Mailing Address:**

245-07 FRANCES LEWIS BLVD.
ROSEDALE, NY 11422

**New Mailing Address:**

**FEI Number: 31-1719181** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SAMPSON, WAYNE
1605 GROVELAND HILLS DR
TALLAHASSEE, FL 32317 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: P
Name: MITCHELL, JOHN
Address: 2 CAROLINE CT
City-St-Zip: NORTH BABYLON, NY 11703

Title: D
Name: SAMPSON, WAYNE
Address: 1605 GROVELAND HILLS DR
City-St-Zip: TALLAHASSEE, FL 32317

Title: D
Name: ADRIAN, TYNDALL M.D.
Address: 1072 LINCOLN PL
City-St-Zip: BROOKLYN, NY 11213

Title: S
Name: WAN, MICHELLE
Address: 1381 CROSS CREEK LN
City-St-Zip: TALLAHASSEE, FL 32301

Title: SD
Name: CORT, KENRICK
Address: 883 FLATBUSH AVE
City-St-Zip: BROOKLYN, NY 11226

Title: TD
Name: OUDREK, COLLIE M.D.
Address: 1072 LINCOLN PLACE
City-St-Zip: BROOKLYN, NY 11213

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN E. MITCHELL PRES 04/10/2011

Electronic Signature of Signing Officer or Director — Date