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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N08099

1. Corporation Name
HEALTHED, INC.

Principal Place of Business
**9800 HEALTHPARK CIRCLE
SUITE 208
FORT MYERS FL 33908**

Mailing Address
**9800 HEALTHPARK CIRCLE
SUITE 208
FORT MYERS FL 33908**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
03/12/1985

21 Suite, Apt. #, etc.
9800 S. HealthPark Dr. #405

26 Suite, Apt. #, etc.
9800 S. HealthPark Dr. #405

4. FEI Number
59-2552770

23 City & State
Ft. Myers, Florida

28 City & State
Ft. Myers, Florida

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

24 Zip Country
33908 U.S.

29 Zip Country
33908 U.S.

6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DODSON, DOUGLAS A.
9800 HEALTHPARK CIRCLE
SUITE 208
FORT MYERS FL 33908**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D SHEPPARD, WALTERS O**
STREET ADDRESS **9800 HEALTHPARK CIRCLE #208**
CITY-ST-ZIP **FT. MYERS FL 33901**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **DS PAGE, RAYMA C.**
STREET ADDRESS **2780 CLEVELAND AVENUE**
CITY-ST-ZIP **FT. MYERS FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **CD BECKETT, JOHN T.**
STREET ADDRESS **9800 HEALTHPARK CIRCLE, SUITE 208**
CITY-ST-ZIP **FT MYERS FL 33908**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **D CORBIN, OSCAR M. JR.**
STREET ADDRESS **1306 SHADOW LN**
CITY-ST-ZIP **FT MYERS FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **VCD BEEMER, GEORGE**
STREET ADDRESS **5651 EICHEN CIR**
CITY-ST-ZIP **FT MYERS FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D REASONER, GARRETT**
STREET ADDRESS **12730 DENNIS DRIVE**
CITY-ST-ZIP **FT MYERS FL 33908**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John T. Beckett

CR2E037 (11/98)