


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jun 05 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N26726**  
 1. Corporation Name  
**HEALTHCARE EDUCATION PLUS, INC.**

Principal Place of Business <b>303 Southeast 17th Street                  Fort Lauderdale, Florida 33316</b>	Mailing Address <b>303 S.E. 17th St.                  Ft.Laud., FL 33316</b>
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3. Date Incorporated or Qualified <b>6/01/1988</b>	
4. FEI Number <b>65-0234119</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21 303 S. E. 17th St.</b> Suite, Apt. #, etc <b>22 ATTN: LISA PHILIPPS</b> City & State <b>23 Ft. Laud., FL</b> Zip <b>33316</b> Country <b>USA</b>	2a. Mailing Address <b>26 303 S. E. 17th St.</b> Suite, Apt. #, etc <b>27 ATTN:LISA PHILIPPS</b> City & State <b>28 Ft. Laud., FL</b> Zip <b>33316</b> Country <b>USA</b>
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9. Name and Address of Current Registered Agent <b>WILLIAM R. SCHERER, ESQ., Conrad &amp; Scherer                  633 South Federal Highway                  Eighth Floor                  Fort Lauderdale, FL 33301</b>	81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
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10. Name and Address of New Registered Agent
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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: \_\_\_\_\_ (NOTE: Registered Agent signature required when consisting) \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>TROWER, WIL</b>		1.2 NAME	
STREET ADDRESS <b>303 S. E. 17th St.</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>Ft.Laud., FL 33316</b>		1.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MAHANEY, PATRICIA</b>		2.2 NAME	
STREET ADDRESS <b>303 S. E. 17th St.</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>Ft. Laud., FL 33316</b>		2.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PHILIPPS, LISA</b>		3.2 NAME	
STREET ADDRESS <b>303 S. E. 17th St.</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>Ft.Laud., FL 33316</b>		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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 changing, or in an attachment with an address.

SIGNATURE: *Patricia Mahaney* 5/27/98 (954) 355-4954

CR2E037 (10/97)