
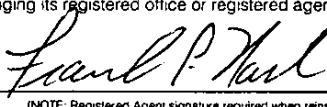
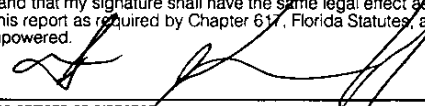


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90227 020 ****61.25

DOCUMENT # N26726 1. Entity Name HEALTHCARE EDUCATION PLUS, INC.					
Principal Place of Business 303 SE 17TH ST ATTN: HUMAN RESOURCE ADMIN FT. LAUDERDALE, FL 33316			Mailing Address 303 SE 17TH ST ATTN: HUMAN RESOURCE ADMIN FT. LAUDERDALE, FL 33316		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0234119	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAURA SEIDMAN, ESQ, GENERAL COUNSEL 303 SE 17TH STREET FORT LAUDERDALE, FL 33316				7. Name and Address of New Registered Agent Name Frank Nask, President/CEO Street Address (P.O. Box Number is Not Acceptable) 303 SE 17th Street City Fort Lauderdale FL Zip Code 33316	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE Frank Nask, President,CEO <small>Signature, typed or printed name of registered agent and title if applicable.</small>		 <small>(NOTE: Registered Agent signature required when reinstating)</small>		4/28/08 <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SEAVAR, JEAN	NAME			
STREET ADDRESS	303 SE 17TH STREET	STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NASK, FRANK	NAME			
STREET ADDRESS	303 SE 17TH ST	STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WONG, DIONNE	NAME			
STREET ADDRESS	303 SE 17TH STREET	STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Dionne Wong, Sr. VP,CHRO <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		 <small>DATE</small>		4/28/08 <small>Daytime Phone #</small>	

40090607



04252008 Chg-NP CR2E037 (12/06)

4. FEI Number **65-0234119** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAURA SEIDMAN, ESQ, GENERAL COUNSEL
303 SE 17TH STREET
FORT LAUDERDALE, FL 33316**

Name **Frank Nask, President/CEO**

Street Address (P.O. Box Number is Not Acceptable)

303 SE 17th Street

City **Fort Lauderdale** **FL** Zip Code **33316**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Frank Nask, President,CEO**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **SEAVAR, JEAN**
STREET ADDRESS **303 SE 17TH STREET**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33316**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **NASK, FRANK**
STREET ADDRESS **303 SE 17TH ST**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33316**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **WONG, DIONNE**
STREET ADDRESS **303 SE 17TH STREET**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33316**

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dionne Wong, Sr. VP,CHRO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #