

FILE NOW: FILING FEE IS \$61.25

FILED

May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N34602** (5)
1. Corporation Name
COMPLEMENTARY HEALTH EDUCATION CENTER, INC.

Principal Place of Business P.O. BOX 141115 GAINESVILLE FL 32614-1115	Mailing Address P.O. BOX 141115 GAINESVILLE FL 32614-1115
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3. Date Incorporated or Qualified 10/10/1989	
4. FEI Number 59-2993279	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 2208 NW 71st Place Suite, Apt. #, etc. 22 City & State 23 Gainesville, FL Zip 24 32653	2a. Mailing Address 25 Same Suite, Apt. #, etc. 27 City & State 28 Zip 29 Alachua Country 30
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**BUCHHOLZ, LORETTA
2208 NW 71ST PL.
GAINESVILLE FL 32653**

10. Name and Address of New Registered Agent 81 Name 82 Same 83 Street Address (P.O. Box Number is Not Acceptable) 84 City 85 FL 86 Zip Code
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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

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUCHHOLZ, LORETTA	1.2 NAME	D
STREET ADDRESS	2208 NW 71ST PL.	1.3 STREET ADDRESS	Tom Stevens
CITY-ST-ZIP	GAINESVILLE FL 32653	1.4 CITY-ST-ZIP	3444 NW 37th Ave. Gainesville, FL 32605
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REMBERT, THOMAS	2.2 NAME	D
STREET ADDRESS	4323 NW 53RD ST	2.3 STREET ADDRESS	Nancy Giunta
CITY-ST-ZIP	GAINESVILLE FL 32606	2.4 CITY-ST-ZIP	923 SW 98th St. Gainesville, FL 32607
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REMBERT, JUDITH	3.2 NAME	D
STREET ADDRESS	6308 SW 31ST WAY	3.3 STREET ADDRESS	Jane Hevor
CITY-ST-ZIP	GAINESVILLE FL 32608	3.4 CITY-ST-ZIP	1810 NW 23rd Blvd. #256 Gainesville, FL 32605
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, KRIS	4.2 NAME	
STREET ADDRESS	1004 S.W. 113TH WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	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	

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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/98 (352) 373-6890
Date Daytime Phone #

CR2E037 (10/97)