

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90206 004 ****61.25

DOCUMENT # N34602

1. Corporation Name

COMPLEMENTARY HEALTH EDUCATION CENTER, INC.

Principal Place of Business

2208 NW 71ST PLACE
GAINESVILLE FL 32653
US

Mailing Address

2208 NW 71ST PLACE
GAINESVILLE FL 32653
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

10/10/1989

4. FEI Number
59-2993279

Applied For
Not Applicable

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

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

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 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

TITLE D ☐ DELETE
NAME BUCHHOLZ, LORETTA
STREET ADDRESS 2208 NW 71ST PL.
CITY-ST-ZIP GAINESVILLE FL 32653

TITLE D ☒ DELETE
NAME REMERT, THOMAS
STREET ADDRESS 4323 NW 53RD ST
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE D ☒ DELETE
NAME STEVENS, TOM
STREET ADDRESS 3444 NW 37TH AVENUE
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE D ☐ DELETE
NAME GIUNTA, NANCY
STREET ADDRESS 923 SW 98TH STREET
CITY-ST-ZIP GAINESVILLE FL 32607

TITLE D ☐ DELETE
NAME HEVER, JANE
STREET ADDRESS 1810 NW 23RD BLVD #256
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME ROBIN MASIA
1.3 STREET ADDRESS 13728 SW 1ST LANE
1.4 CITY-ST-ZIP NEWBERRY, FL 32669

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME CHARLES CAMPBELL
2.3 STREET ADDRESS 10011 NW 156TH AVE.
2.4 CITY-ST-ZIP ALACHUA, FL 32615

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

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

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

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

3/26/99 (352) 338-0012
Date Daytime Phone #

CR2E037 (11/98)