2002 UNIFORM BUSINESS REPORT (UBR)

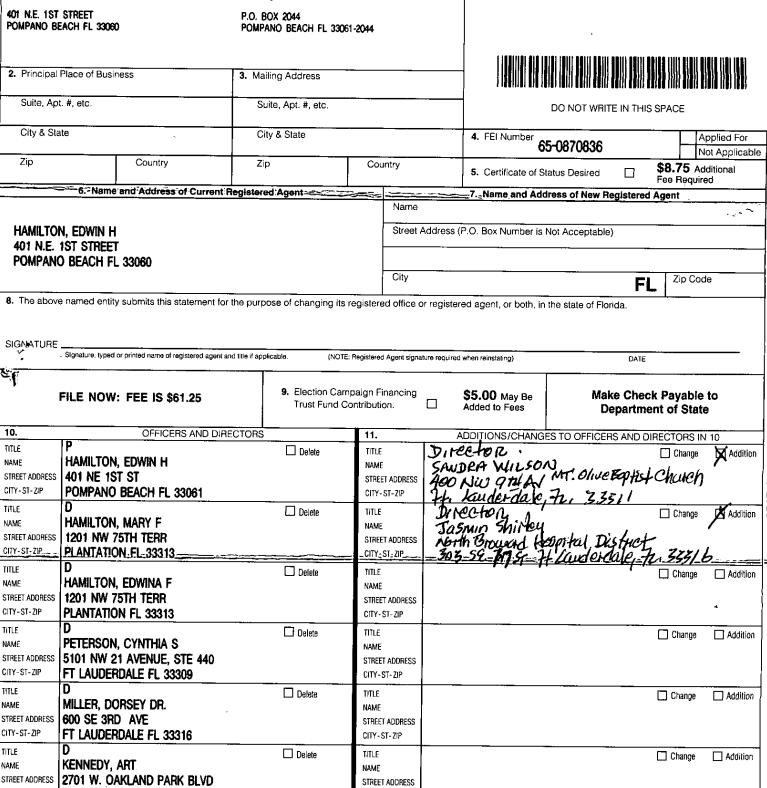
DOCUMENT # **N98000003442**

1. Entity Name

COMMUNITY HEALTH EDUCATION ALLIANCE, INC.

Principal Place of Business
401 N.E. 1ST STREET

Mailing Address



12. 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 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 regeiver 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 attach at with an address, with all other like empowered

CITY-ST-ZIP

SIGNATURE:

FT LAUDERDALE FL 33311

CITY-ST-ZIP

ED OR PRINTED NAME OF

FILED

05-13-2002 90184 027 ****61.25

May 13, 2002 8:00 am Secretary of State