

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 23, 2001 8:00 am**
Secretary of State

04-05-2001 90031 039 ***150.00

DOCUMENT # P00000077293

1. Entity Name

HEALTH EDUCATION ASSOCIATES, INC.

Principal Place of Business

**15637 MORNING DRIVE
LUTZ FL 33549**

Mailing Address

**15637 MORNING DRIVE
LUTZ FL 33549**

2. Principal Place of Business

201 W. Laurel St.

3. Mailing Address

115 E. Whiting St.

Suite, Apt. #, etc.

507

Suite, Apt. #, etc.

120

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-3664096

Applied For

Not Applicable

Zip

33602

Country

Hillsborough

Zip

33602

Country

Hillsborough5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PERRIN, KAREN M
15637 MORNING DRIVE
LUTZ FL 33549**

7. Name and Address of New Registered Agent

Name **Jaime E. Sanchez**

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

201 W. Laurel St.**507**City **Tampa****FL**Zip Code
33602

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

05/01/01

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/01/01 813-230-7452

Date

Daytime Phone #

CR2E034 (10/00)