

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000077293

FILED  
Mar 31, 2004  
Secretary of State

Entity Name: HEALTH EDUCATION ASSOCIATES, INC.

## Current Principal Place of Business:

201 W. LAUREL ST.  
507  
TAMPA, FL 33602

## New Principal Place of Business:

## Current Mailing Address:

301 W PLATT ST  
331  
TAMPA, FL 33606

## New Mailing Address:

FEI Number: 59-3664096

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SANCHEZ, JAIME E  
201 W. LAUREL ST.  
507  
TAMPA, FL 33602 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PDT ( ) Delete  
Name: SANCHEZ, JAIME E  
Address: 201 W. LAUREL ST., #507  
City-St-Zip: TAMPA, FL 33602

Title: VS ( ) Delete  
Name: SANCHEZ, ENRIQUE  
Address: 240 SW. 132 AVE.  
City-St-Zip: MIAMI, FL 33184

Title: V ( ) Delete  
Name: PERRIN, KAREN M  
Address: 15637 MORNING DR.  
City-St-Zip: LUTZ, FL 33549

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAIME E SANCHEZ

PDT

03/31/2004

Electronic Signature of Signing Officer or Director

Date