

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000062942

FILED
Dec 07, 2008
Secretary of State

Entity Name: HEALTH EDUCATION SYSTEMS, INC

Current Principal Place of Business:

20801 BISCAYNE BLVD
4TH FLOOR
AVENTURA, FL 33180

New Principal Place of Business:

5220 JACKSON STREET
HOLLYWOOD, FL 33021

Current Mailing Address:

20801 BISCAYNE BLVD
AVENTURA, FL 33180

New Mailing Address:

5220 JACKSON STREET
HOLLYWOOD, FL 33021

FEI Number: 06-1644223

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITEHEAD, NICOLE E PH.D.
20801 BISCAYNE BLVD
4TH FLOOR
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

WHITEHEAD, GEORGE I
5220 JACKSON STREET
HOLLYWOOD, FL 33021 US

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: GEORGE WHITEHEAD

12/07/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WHITEHEAD, NICOLE E PH.D.
Address: 20801 BISCAYNE BLVD
City-St-Zip: AVENTURA, FL 33180

Title: VP (X) Delete
Name: WHITEHEAD, GEORGE I
Address: 20801 BISCAYNE BLVD
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WHITEHEAD, GEORGE I
Address: 5220 JACKSON STREET
City-St-Zip: HOLLYWOOD, FL 33021

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: GEORGE I. WHITEHEAD

P

12/07/2008

Electronic Signature of Signing Officer or Director

Date