

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 04 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000036127 (5)

1. Corporation Name

THE HEALTH EDUCATION CENTER, INC.

Principal Place of Business

220 N MAIN ST  
CHIEFLND FL 32626  
US

Mailing Address

P.O. BOX 2466  
CHIEFLND FL 32644  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/05/1995

4. FEI Number

59-3315918

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.



Yes ☐ No

2. Principal Place of Business

21 102 N. Main St.

Suite, Apt. #, etc.

2a. Mailing Address

26 102 N. Main St

Suite, Apt. #, etc.

City & State

23 Chiefland 71

Zip

Country

24 32626 25 Levy

City & State

28 Chiefland 71

Zip

Country

29 32626 30 Levy

9. Name and Address of Current Registered Agent

GRAHAM, ALICE D  
220 N MAIN ST  
CHIEFLND FL 32626

10. Name and Address of New Registered Agent

81 Name

82 Alice D. Graham

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

102 N. Main St

84

City Chiefland

FL

85 Zip Code

32626

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Alice D. Graham

Alice D. GRAHAM

4/23/98

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 PD ☐ DELETE

NAME GRAHAM, ALICE D  
STREET ADDRESS 3250 NW 52ND COURT  
CITY-ST-ZIP CHIEFLND FL

TITLE VP ☐ DELETE

NAME WALTER M. GRAHAM  
STREET ADDRESS 3250 NW 52ND CT  
CITY-ST-ZIP CHIEFLND FL

TITLE S ☐ DELETE

NAME ALICE D. GRAHAM  
STREET ADDRESS 3250 NW 52ND CT  
CITY-ST-ZIP CHIEFLND FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in  
Block 12 or Block 13 if changed, or on an attachment with an address.

CF2E034 (10/97)