


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

**FILED**  
**Feb 26, 1999 8:00 am**  
**Secretary of State**

02-26-1999 90062 024 \*\*\*150.00

04-3665

|  |   |  |
|--|---|--|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

**DOCUMENT # P97000002478**

1. Corporation Name  
**HEALTH CARE RESEARCH AND EDUCATION ASSOCIATES, I NC.**

|  |  |
|--|--|
| Principal Place of Business<br>13581 EAGLE RIDGE DR #1428 FORT MYERS FL 33912 US | Mailing Address<br>13581 EAGLE RIDGE DR #1428 FORT MYERS FL 33912 US |
|--|--|

DO NOT WRITE IN THIS SPACE

|   |                                       |  |
|---|---------------------------------------|--|
| 3. Date Incorporated or Qualified<br><b>01/06/1997</b>  | 4. FEI Number<br><b>65-0723550</b>    | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required |  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees    |  |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |  |

|  |                                       |
|--|---------------------------------------|
| 2. Principal Place of Business<br>21 <b>7440 Twin Eagle Lane</b> | 2a. Mailing Address<br>26 <b>SAME</b> |
| Suite, Apt. #, etc.<br>22  | Suite, Apt. #, etc.<br>27             |
| City & State<br>23 <b>Ft. Myers, FL</b>                          | City & State<br>28                    |
| Zip<br>24 <b>33912</b>   | Country<br>25 <b>Lee</b>              |
| Country<br>29  | Country<br>30                         |

9. Name and Address of Current Registered Agent

**MURTY, TIMOTHY J**  
**1633 PERIWINKLE WAY, SUITE A**  
**SANIBEL FL 33957**

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | <b>FL</b>   |

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 *David M Semple* DATE *N/A*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

|                |                               |                                 |
|----------------|-------------------------------|---------------------------------|
| TITLE          | DPST                          | <input type="checkbox"/> DELETE |
| NAME           | SEMPL, DAVID M                |                                 |
| STREET ADDRESS | 13581 EAGLE RIDE DRIVE, #1428 |                                 |
| CITY-ST-ZIP    | FORT MYERS FL 33957           |                                 |
| TITLE          |                               | <input type="checkbox"/> DELETE |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |
| TITLE          |                               | <input type="checkbox"/> DELETE |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |
| TITLE          |                               | <input type="checkbox"/> DELETE |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |
| TITLE          |                               | <input type="checkbox"/> DELETE |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: *David M Semple* 11/25/99 941-768-0988  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)