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

PROFIT CORPORATION ANNUAL REPORT

1998

TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY - ST - ZIP

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000031248 (2) DOCUMENT #

HEADLEY HEALTH ENTERPRISES, INC.

Principal Place of Business Mailing Address 2713 WEST NICHOLAS ROAD 2137 FOWLER ST. FT. MYERS FL 33901 FRANKSVILLE WI 53126 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/07/1997 2. Principal Place of Business 21 3805 FOWLEK ST. 2a. Mailing Address 4. FEI Number Applied For 39-128162 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt #, etc \$8,75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing FH. MYERS 23 26 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes Yes Personal Property Tax due June 30. 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent HEADLEY. HEADLEY, TERRI L TERRI 441 CERROMAR LN. #306 (P.O. Box Number is Not Acceptable)
PENNY ROYAL DR **VENICE FL 34293** 83 84 BONITA SPRINGS 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 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE 1.1 TITLE TITLE Richard G. HEADLEY NAME 1.2 NAME 24851 PENNY ROYAL DR. 1.3 STREET ADDRESS STREET ADDRESS BONITA SPRINGS CITY-ST-ZIP 1.4 CITY - ST - 7IP DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP Addillon DELETE Change 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CATY-ST-ZIP DELETE Change Addition

14. Thereby 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 find accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee among forced 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 a

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

12-31.52

6.4 CITY - ST - ZIP

5.4 CITY-ST-7IP

(AUI) 7.75 - 1900

Addition

-01/23/98--01005--035

***150.00

FILED

Jan 23 1998 8:00am

Secretary of State