

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

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

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DOCUMENT # P97000031248

1. Corporation Name  
HEADLEY HEALTH ENTERPRISES, INC.

Principal Place of Business  
3805 FOWLER ST.  
FT. MYERS FL 33901

Mailing Address  
2713 WEST NICHOLAS ROAD  
FRANKSVILLE WI 53126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/07/1997

4. FEI Number

39-1281621

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 the current year Intangible  
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

HEADLEY, TERRI L  
24851 PENNY ROYAL DR.  
BONITA SPRINGS FL 34134

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE PT  
NAME HEADLEY, RICHARD G  
STREET ADDRESS 24851 PENNY ROYAL DR.  
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D  
1.2 NAME DAVEERNE  
1.3 STREET ADDRESS 1000 NORTH WATER STREET  
1.4 CITY-ST-ZIP MILWAUKEE, WI 53202

2.1 TITLE D  
2.2 NAME BOB WALKER  
2.3 STREET ADDRESS 4001 NORTH MAIN STREET  
2.4 CITY-ST-ZIP RACINE, WI 53402

3.1 TITLE D  
3.2 NAME ED NASAL  
3.3 STREET ADDRESS 355 BUCKINGHAM FORREST COURT  
3.4 CITY-ST-ZIP ROSWELL, GA 30075

4.1 TITLE D  
4.2 NAME MIKE YANKUNAS  
4.3 STREET ADDRESS 2901 WEST BELTLINE HWY  
4.4 CITY-ST-ZIP MADISON, WI 53713

5.1 TITLE V  
5.2 NAME W.B. MICK  
5.3 STREET ADDRESS 2605 CEDAR DRIVE  
5.4 CITY-ST-ZIP BURLINGTON, WI 53105

6.1 TITLE V  
6.2 NAME JOHN CARPENTER  
6.3 STREET ADDRESS 13 SANDALWOOD CT.  
6.4 CITY-ST-ZIP RACINE, WI 53402

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:

RICHARD G. HEADLEY  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-14-99 (941) 275-0900

CR2E034 (11/98)