

DOCUMENT # P97000031248

1. Entity Name

HEADLEY HEALTH ENTERPRISES, INC.

May 17, 2000 8:00 am
Secretary of State

05-17-2000 90955 004 ***150.00

Principal Place of Business

Mailing Address

3805 FOWLER ST.
FT. MYERS FL 339012713 WEST NICHOLAS ROAD
FRANKSVILLE WI 53126-9796

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 39-1281621

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input type="checkbox"/> Delete
NAME	HEADLEY, RICHARD G	
STREET ADDRESS	24851 PENNY ROYAL DR.	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	

TITLE	P.T.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	ERNE, DAVE	
STREET ADDRESS	1000 N WATER ST	
CITY-ST-ZIP	MILWAUKEE WI 53202	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	NOBAL, ED	
STREET ADDRESS	355 BUCKINGHAM FORREST CT	
CITY-ST-ZIP	ROSWELL GA 30075	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ED NOSAL	
STREET ADDRESS	520 LAKE COOK RD	
CITY-ST-ZIP	DEERFIELD, IL 60015	

TITLE	D	<input type="checkbox"/> Delete
NAME	WALKER, BOB	
STREET ADDRESS	4001 N MAIN ST	
CITY-ST-ZIP	RACINE WI 53402	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	YANKUNAS, MIKE	
STREET ADDRESS	2901 W BELTUNE WAY	
CITY-ST-ZIP	MADISON WI 58713	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input type="checkbox"/> Delete
NAME	MICK, W B	
STREET ADDRESS	2605 CEDAR DR	
CITY-ST-ZIP	BURLINGTON WI 53105	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN R. CARANTER 4/27/00 262.835.3500

Date

Daytime Phone #

CR2E034 (9/99)