

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000037132

FILED
Apr 27, 2007
Secretary of State

Entity Name: HEALTH EDUCATION RESOURCE SERVICE, INC.

Current Principal Place of Business:

6151 MIRAMAR PARKWAY
SUITE 109
MIRAMAR, FL 33023 US

New Principal Place of Business:

Current Mailing Address:

6151 MIRAMAR PARKWAY
SUITE 109
MIRAMAR, FL 33023 US

New Mailing Address:

FEI Number: 65-0749684

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, GERDA
6712 SW 34 CT
MIRAMAR, FL 33023 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: WILLIAMS, GERDA
Address: 6712 SW 34 CT
City-St-Zip: MIRAMAR, FL 33023

Title: DIR () Delete
Name: WRIGHT, CAROLINE A PRES
Address: 605 N.W. 214 ST
City-St-Zip: MIAMA, FL 33169

Title: SEC () Delete
Name: ELLOISE, PATTERSON
Address: 187 ERIC DRIVE
City-St-Zip: PALM COAST, FL 32164

Title: VP () Delete
Name: DANIEL, WILLIAMS
Address: 6712 S.W. 34 CT
City-St-Zip: MIRAMAR, FL 33023

Title: DIR () Delete
Name: LARRY, BECKFORD
Address: 6501 WASHINGTON STREET
City-St-Zip: HOLLYWOOD, FL 33023

Title: A S () Delete
Name: LANCE, CAMPBELL
Address: 6210 S.W. 27 ST
City-St-Zip: MIRAMAR, FL 33023

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERDA WILLIAMS

PRES

04/27/2007

Electronic Signature of Signing Officer or Director

Date