

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000057169

FILED  
Apr 17, 2009  
Secretary of State

Entity Name: HEALTH EDUCATION SOLUTIONS, INC.

## Current Principal Place of Business:

121 S 13TH STREET  
SUITE 201  
LINCOLN, NE 68505

## New Principal Place of Business:

## Current Mailing Address:

121 S 13TH STREET  
STE 201  
LINCOLN, NE 68508

## New Mailing Address:

121 S 13TH STREET  
SUITE 201  
LINCOLN, NE 68505

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: PD ( ) Delete  
Name: DUNLAP, MICHAEL  
Address: 121 S 13TH ST STE 201  
City-St-Zip: LINCOLN, NE 68508

Title: AS ( ) Delete  
Name: MARTINEZ, EDWARD P  
Address: 3015 S PARKER RD STE 400  
City-St-Zip: AURORA, CO 80014

Title: TD ( ) Delete  
Name: HEIMES, TERRY  
Address: 121 S 13TH STREET, SUITE 201  
City-St-Zip: LINCOLN, NE 68508

Title: D ( ) Delete  
Name: BUTTERFIELD, STEPHEN  
Address: 6991 E CAMELBACK RD, STE B290  
City-St-Zip: SCOTTSDALE, AZ 85251

Title: VP ( ) Delete  
Name: KRUGER, JAMES  
Address: 121 S 13TH STREET, STE 201  
City-St-Zip: LINCOLN, NE 68508

Title: S ( ) Delete  
Name: MUNN, WILLIAM  
Address: 3015 PARKER ROAD, STE 400  
City-St-Zip: AURORA, CO 80014

## 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  
Name:  
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: TERRY HEIMES

TD

04/17/2009

Electronic Signature of Signing Officer or Director

Date