

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000057169

FILED
Feb 18, 2011
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
SUITE 201
LINCOLN, NE 68505

New Mailing Address:

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

OFFICERS AND DIRECTORS:

Title: PD
Name: DUNLAP, MICHAEL
Address: 121 S 13TH ST STE 201
City-St-Zip: LINCOLN, NE 68508

Title: AS
Name: SLAIN, ANDREW W
Address: 121 S 13TH ST STE 201
City-St-Zip: LINCOLN, NE 68508

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

Title: D
Name: DUNLAP, MICHAEL
Address: 121 S 13TH STREET STE 201
City-St-Zip: LINCOLN, NE 68508

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

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

I hereby 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 all other like empowered.

SIGNATURE: TERRY HEIMES

T

02/18/2011

Electronic Signature of Signing Officer or Director

_____ Date