

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000057169

Entity Name: HEALTH EDUCATION SOLUTIONS, INC.

FILED
Apr 15, 2013
Secretary of State
CC9065582627

Current Principal Place of Business:

121 S. 13TH STREET
SUITE 201
LINCOLN, NE 68505

Current Mailing Address:

121 S. 13TH STREET
SUITE 201
LINCOLN, NE 68505

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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

Officer/Director Detail :

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

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

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

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

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

Title S
Name MUNN, WILLIAM
Address 3015 PARKER ROAD, STE 400
City-State-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 J HEIMES

TREASURER

04/15/2013

Electronic Signature of Signing Officer/Director Detail

Date