

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90245 041 ***158.75

DOCUMENT # P01000061012

1. Entity Name

CAMBRIDGE INSTITUTE OF ALLIED HEALTH, INC.

Principal Place of Business

**207 ROYAL OAKS CIRCLE
 LONGWOOD FL 32779**

Mailing Address

**207 ROYAL OAKS CIRCLE
 LONGWOOD FL 32779**

2. Principal Place of Business

1912 Boothe Circle

Suite, Apt. #, etc.

SUITE 200

City & State

Longwood, FL

Zip

32750

Country

USA

3. Mailing Address

1912 Boothe Circle

Suite, Apt. #, etc.

SUITE 200

City & State

Longwood, FL

Zip

32750

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3726809

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**TOLLEY, KAREN A
 207 ROYAL OAKS CIRCLE
 LONGWOOD FL 32779**

7. Name and Address of New Registered Agent

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

Karen A. Tolley

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/4/02

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, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
 NAME **TOLLEY, KAREN A**
 STREET ADDRESS **207 ROYAL OAKS CIRCLE**
 CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **STD** ☐ Delete
 NAME **SKYTA, JOHN G**
 STREET ADDRESS **207 ROYAL OAKS CIRCLE**
 CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
 NAME **Tolley, Karen A**
 STREET ADDRESS **1912 Boothe Cir. Suite 200**
 CITY-ST-ZIP **Longwood, FL 32750**

TITLE **V** ☒ Change ☐ Addition
 NAME **SKYTA, John G.**
 STREET ADDRESS **1912 Boothe Cir Suite 200**
 CITY-ST-ZIP **Longwood, FL 32750**

TITLE **S** ☐ Change ☒ Addition
 NAME **RICE, NANCY L.**
 STREET ADDRESS **1912 Boothe Cir. Suite 200**
 CITY-ST-ZIP **Longwood, FL 32750**

TITLE **M** ☐ Change ☒ Addition
 NAME **Lashock, Linda K.**
 STREET ADDRESS **1912 Boothe Cir Suite 200**
 CITY-ST-ZIP **Longwood, FL 32750**

TITLE **ST** ☐ Change ☒ Addition
 NAME **BUENELL, SUSAN J.**
 STREET ADDRESS **1912 Boothe Circle Suite 200**
 CITY-ST-ZIP **Longwood, FL 32750**

TITLE **M** ☐ Change ☒ Addition
 NAME **BUENELL, Edward L.**
 STREET ADDRESS **1912 Boothe Cir. Suite 200**
 CITY-ST-ZIP **Longwood, FL 32750**

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:

Karen A. Tolley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/4/02 407-265-8383

Daytime Phone #

CR2E034 (9/01)