

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000061012

FILED
Apr 11, 2005
Secretary of State

Entity Name: CAMBRIDGE INSTITUTE OF ALLIED HEALTH, INC.

Current Principal Place of Business:

1912 BOOTHE CIR.
STE 200
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

1912 BOOTHE CIR.
STE 200
LONGWOOD, FL 32750

New Mailing Address:

FEI Number: 59-3726809 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

TOLLEY, KAREN A
1912 BOOTHE CIRCLE
LONGWOOD, FL 32750 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: _____ 04/11/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TOLLEY, KAREN A
Address: 1912 BOOTH CIR. STE. 200
City-St-Zip: LONGWOOD, FL 32750

Title: VP () Delete
Name: BURNELL, SUSAN J
Address: 1912 BOOTHE CIR. STE 200
City-St-Zip: LONGWOOD, FL 32750

Title: M () Delete
Name: BURNELL, EDWARD L
Address: 1912 BOOTHE CIR. STE 200
City-St-Zip: LONGWOOD, FL 32750

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KAREN A. TOLLEY P 04/11/2005
Electronic Signature of Signing Officer or Director Date