

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K21558

Entity Name: CONCORDE CAREERS-FLORIDA, INC.**Current Principal Place of Business:**5800 FOXRIDGE DRIVE
STE. 500
MISSION, KS 66202**Current Mailing Address:**5800 FOXRIDGE DRIVE
STE. 500
MISSION, KS 66202 US**FEI Number:** 36-3607546**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
C/O 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	CEO
Name	BELL, GUY
Address	5800 FOXRIDGE DRIVE STE. 500
City-State-Zip:	MISSION KS 66202

Title	CFO
Name	FISHER, JULI
Address	5800 FOXRIDGE DRIVE STE. 500
City-State-Zip:	MISSION KS 66202

Title	DIRECTOR
Name	FOSTER, TIM
Address	5800 FOXRIDGE DRIVE STE. 500
City-State-Zip:	MISSION KS 66202

Title	SECRETARY
Name	HATCHER, JEREMIAH
Address	5800 FOXRIDGE DRIVE STE. 500
City-State-Zip:	MISSION KS 66202

Title	DIRECTOR
Name	STAKAIS, MIKE
Address	5800 FOXRIDGE DRIVE STE. 500
City-State-Zip:	MISSION KS 66202

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: JULI FISHER

CFO

04/12/2017

Electronic Signature of Signing Officer/Director Detail_____
Date