

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000065398

**Entity Name:** FLORIDA CAREER COLLEGE, INC.**Current Principal Place of Business:**1000 CORPORATE DR  
SUITE 500  
FT. LAUDERDALE, FL 33334**Current Mailing Address:**1000 CORPORATE DR  
SUITE 500  
FT. LAUDERDALE, FL 33334 US**FEI Number: NOT APPLICABLE****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**KNOBEL, DAVID  
1000 CORPORATE DR  
SUITE 500  
FT. LAUDERDALE, FL 33334 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 DAVID, KNOBEL  
Address 3383 NORTH STATE ROAD 7  
City-State-Zip: LAUDERDALE LAKES FL 33319Title COO  
Name YAWN, NEAL  
Address 3383 NORTH STATE ROAD 7  
City-State-Zip: LAUDERDALE LAKES FL 33319Title D  
Name NIEHAUS, ROBERT  
Address 3383 NORTH STATE ROAD 7  
City-State-Zip: LAUDERDALE LAKES FL 33319Title CFO  
Name PIERNE, JEFFREY  
Address 3383 NORTH STATE ROAD 7  
City-State-Zip: LAUDERDALE LAKES FL 33319Title CCO  
Name BARTNESS, DEAN  
Address 3383 NORTH STATE ROAD 7  
City-State-Zip: LAUDERDALE LAKES FL 33319Title D  
Name ABRAMS, DAVID  
Address 3383 NORTH STATE ROAD 7  
City-State-Zip: LAUDERDALE LAKES FL 33319

*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: JEFFREY PIERNE****CFO****01/25/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date