

**2013 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P12000012796

**Entity Name:** CONTINUING EDUCATION FOR HEALTH PROFESSIONALS, INC.

**FILED**  
**Jun 22, 2013**  
**Secretary of State**  
**CC2587819249**

**Current Principal Place of Business:**

1260 E. OAKLAND PARK BOULEVARD  
OAKLAND PARK, FL 33334

**Current Mailing Address:**

1260 E. OAKLAND PARK BOULEVARD  
OAKLAND PARK, FL 33334 US

**FEI Number:** 45-4466509

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BROWN-DALEY, VANILYN  
1260 E. OAKLAND PARK BOULEVARD  
OAKLAND PARK, 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	PRES	Title	VP
Name	BROWN-DALEY, VANILYN	Name	HUNTER, SHARON
Address	1260 E. OAKLAND PARK BOULEVARD	Address	1260 E. OAKLAND PARK BOULEVARD
City-State-Zip:	OAKLAND PARK FL 33334	City-State-Zip:	OAKLAND PARK FL 33334
Title	COMPANY SECRETARY		
Name	SMALL BROWN, RICHANA S		
Address	1260 E. OAKLAND PARK BOULEVARD		
City-State-Zip:	OAKLAND PARK FL 33334		

*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:** SHARON HUNTER

VP

06/22/2013

Electronic Signature of Signing Officer/Director Detail

Date