

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000012796

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

**FILED**  
**Feb 27, 2015**  
**Secretary of State**  
**CC9269735878**

**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  
Name BROWN-DALEY, VANILYN  
Address 1260 E. OAKLAND PARK BOULEVARD  
City-State-Zip: OAKLAND PARK FL 33334

Title VP  
Name HUNTER, SHARON  
Address 1260 E. OAKLAND PARK BOULEVARD  
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:** VANILYN BROWN-DALEY

**PRESIDENT**

**02/27/2015**

Electronic Signature of Signing Officer/Director Detail

Date