

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000071252

**Entity Name:** PALM BEACH SCHOOL OF NURSING,LLC

**Current Principal Place of Business:**

2695 NORTH MILITARY TRL  
17  
WEST PALM BEACH, FL 33409

**Current Mailing Address:**

2695 NORTH MILITARY TRL  
17  
WEST PALM BEACH, FL 33409

**FEI Number:** 61-1802198

**Certificate of Status Desired:** Yes

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

NAPOLEON, JOHANAH  
2695 NORTH MILITARY TRL  
17  
WEST PALM BEACH, FL 33409 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

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            NAPOLEON, JOAHANA  
Address        2044 SHOMA DRIVE #218  
City-State-Zip: ROYAL PALM BEACH FL 33414

Title            TREASURER  
Name            STANLEY, CHERYL  
Address        1662 SW CASHMERE  
City-State-Zip: PORT SAINT LUCIE FL 34953

Title            ASST. SECRETARY  
Name            LOPEZ, NOBERTO  
Address        2044 SHOMA DRIVE #218  
City-State-Zip: ROYAL PALM BEACH FL 33414

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHERYL STANLEY

**TREASURER**

**03/23/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date