2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2012
Secretary of State

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Entity Name: INSTITUTE OF HEALTHCARE PROFESSIONS, LLC

Current Principal Place of Business:

6658 NW 25TH AVE
BOCA RATON, FL 33496

New Principal Place of Business:

2100 45TH STREET
A2A
WEST PALM BEACH, FL 33407

Current Mailing Address:

6658 NW 25TH AVE
BOCA RATON, FL 33496

New Mailing Address:

2100 45TH STREET
A2A
WEST PALM BEACH, FL 33407

FEI Number: 45-2524378 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MATTHEWS, JAMES
3515 VILLAGE BLVD
SUITE 205
WEST PALM BEACH, FL 33409 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: BRIGHT EDUCATION CORP.
Address: 6658 NW 25TH AVE
City-St-Zip: BOCA RATON, FL 33496

I hereby certify that the information indicated on this 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 608, Florida Statues.

SIGNATURE: KARYN J VIDAL PRES 04/10/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date