


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90032 002 \*\*\*158.75

<b>DOCUMENT #</b> L 83402	
<b>1. Entity Name</b> WEST BROWARD SCHOOL FOR NURSING ASSISTANT INC.,	

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 4444 NORTH UNIVERSITY DRIVE		<b>3. Mailing Address</b> LAUDERHILL, FL. 33351	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**20031149**

DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 59 - 3024948		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

<b>DO NOT WRITE IN THIS SPACE</b>	<b>7. Name and Address of Current Registered Agent</b>	
	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	FL Zip Code

**8.** 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. I am familiar with, and accept the obligations of registered agent.

<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	<b>DATE</b>
<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	

<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>
<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>
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<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>

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**12.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or on an attachment with an address, with all other like empowered.

<b>SIGNATURE:</b> <i>Alva A. Henry</i>	<i>H/S/05</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date
	Daytime Phone #

CR2E034B (12/02)