

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M03040

FILED
Jan 22, 2009
Secretary of State

Entity Name: SOUTH FLORIDA INSTITUTE FOR POST GRADUATE HEALTH EDUCATION, INC.

Current Principal Place of Business:

C/O ABDEL-FATTAH & ALATTER
1899 S.W. 17TH STREET
BOCA RATON, FL 33486 US

New Principal Place of Business:

C/O ABDEL-FATTAH & ALATTAR
1899 S.W. 17TH STREET
BOCA RATON, FL 33486 US

Current Mailing Address:

1899 S.W. 17TH STREET
BOCA RATON, FL 33486

New Mailing Address:

FEI Number: 59-2428046

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABDEL-FATTAH AND ALATTAR
1899 SW 17TH STREET
BOCA RATON, FL 33433 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: ABDEL-FATTAH, REDA A, .
Address: 1050 NW 15TH ST #211-A
City-St-Zip: BOCA RATON, FL

Title: VSD () Delete
Name: ALATTER, MERVAT M.,
Address: 1050 NW 15TH ST #211-A
City-St-Zip: BOCA RATON, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VSD (X) Change () Addition
Name: ALATTAR, MERVAT M.,
Address: 1050 NW 15TH ST #211-A
City-St-Zip: BOCA RATON, FL

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MERVAT M. ALATTAR

VSD

01/22/2009

Electronic Signature of Signing Officer or Director

Date