2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 22, 2011
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

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 (X)**

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

OFFICERS AND DIRECTORS:

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

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

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: MERVAT M. ALATTAR VSD 06/22/2011

Electronic Signature of Signing Officer or Director Date