UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02000000582

1. Entity Name
HEALTH CAREERS INSTITUTE INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
04 MAY 14 AM 7:15

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1926 10th ave North	Same
Suite, Apt. #, etc.: Suite # 106	Suite, Apt. #, etc.
City & State: Lake Worth Florida	City & State
Zip: 33462 Country: U.S.	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 650826224 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Tina Palermo

Street Address (P.O. Box Number is Not Acceptable): 8623 140th Ave North

700038488247 05/17/04--01017--003 **70.00

City: West Palm Beach FL Zip Code: 33412

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.

05/17/04--01017--003 **70.00

SIGNATURE: Tina Palermo 5/01/2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President/ Tina Palermo 8623 140th Ave North West Palm Beach, Florida 33412
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary/ Marge Palermo 8623 140th Ave N West Palm Beach, Fl. 33412
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Jude Moser~~ S 12301 NW 15th Way ~~Boynton, Bch. Florida 33436~~
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Martin Palermo~~ VP ~~8623 140th Ave N~~ ~~West Palm, Fl. 33412~~
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CR2E037B (12/02)

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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Tina Palermo Tina Palermo 5/01/04 (561) 644-3989
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #