2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2006
Secretary of State

DOCUMENT# N02000000582

Entity Name: HEALTH CAREERS INSTITUTE INC.

Current Principal Place of Business:

1926 10TH AVE N., #106
LAKE WORTH, FL 33462

New Principal Place of Business:

1926 10TH AVE N.
106
LAKE WORTH, FL 33461

Current Mailing Address:

1926 10TH AVE N., #106
LAKE WORTH, FL 33462

New Mailing Address:

1926 10TH AVE N.
SUITE 106
LAKE WORTH, FL 33461

FEI Number: 81-0674994 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PALERMO, TINA
8623 140TH AVE. NORTH
WEST PALM BEACH, FL 33412 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:	P	( ) Delete
Name:	PALERMO, TINA	
Address:	8623 140TH AVE. NORTH	
City-St-Zip:	W. PALM BCH, FL 33412	
Title:	S	( ) Delete
Name:	VOUGHT, ADA	
Address:	1020 LUCERNE AVE	
City-St-Zip:	LAKE WORTH, FL 33460	
Title:	EX.S	( ) Delete
Name:	PALERMO, MARGARET	
Address:	8623 140TH AVE NORTH	
City-St-Zip:	WEST PALM BEACH, FL 33412	
Title:	VP	( ) Delete
Name:	PALERMO, MARTIN	
Address:	8623 140TH AVE N.	
City-St-Zip:	WEST PALM BEACH, FL 33412	
Title:	SD	( ) Delete
Name:	GELMAN, STEVEN	
Address:	1926 10TH AVE NORTH	
City-St-Zip:	LAKE WORTH, FL 33461	
Title:	D	( ) Delete
Name:	HALPERN, JOHN MD	
Address:	7515 TAMARAC WAY	
City-St-Zip:	TAMARAC, FL 33377	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	O	(X) Change ( ) Addition
Name:	CATHY WALDRON,	
Address:	1020 LUCERNE AVE	
City-St-Zip:	LAKE WORTH, FL 33461	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TINA PALERMO P 02/01/2006
Electronic Signature of Signing Officer or Director — Date