

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000582

FILED
Jan 19, 2009
Secretary of State

Entity Name: HEALTH CAREER INSTITUTE INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0826224 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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: O () Delete
Name: CATHY WALDRON,
Address: 4196 N. LANDAR DRIVE
City-St-Zip: LAKE WORTH, FL 33463

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: D () Delete
Name: HALPERN, JOHN MD
Address: 7515 TAMARAC WAY
City-St-Zip: TAMARAC, FL 33377

Title: O () Delete
Name: FEROLA, FRANK F
Address: 1355 W PALMETTO PARK RD #312
City-St-Zip: BOCA RATON, FL 33486

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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

Title: O (X) Change () Addition
Name: FEROLA, FRANK F
Address: 11240 VINTNERS LANE
City-St-Zip: LAS VEGAS, NV 89138

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

SIGNATURE: CATHY WALDRON

O

01/19/2009

Electronic Signature of Signing Officer or Director

_____ Date