N02000005582

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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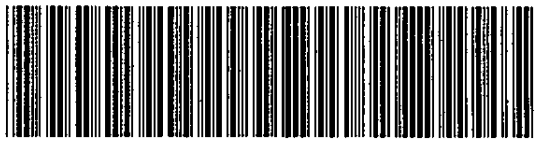

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 DEC -7 AM 11:54

Roberts DEC 10 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Health Career Institute
(Name of Corporation)

DOCUMENT NUMBER: N02000000582

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cathy Waldron
(Name of Person)

Health Career Institute
(Name of Firm/Company)

1926 10th Ave N., Suite 106
(Address)

Lake Worth, FL 33461
(City/State and Zip Code)

For further information concerning this matter, please call:

Cathy Waldron (Name of Person) at (561) 586-0121 (Area Code & Daytime Telephone Number)

Enclosed is a check for $35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 DEC -7 AM 11:54

I, Frank F. Ferola, hereby resign as Officer
(Title)

of Health Career Institute Inc.,
(Name of Corporation)

N02000000582, a corporation organized under the laws of the State of
(Document Number, if known)

Florida.

Deceased - see attached.
(Signature of resigning officer/director)

FILING FEE IS $35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES
VITAL STATISTICS UNIT

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS
OCT 30 2009

STATE OF TEXAS — CERTIFICATE OF DEATH — STATE FILE NUMBER 142-09-128011

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last): FRANK F. FEROLA JR
(Maiden):
2. DATE OF DEATH ACTUAL OR PRESUMED: 10/26/2009
3. SEX: MALE
4. DATE OF BIRTH: 09/20/1965
5. AGE-Last Birthday (Years): 44
If UNDER 1 YR. Mo / Days:
If UNDER 1 DAY Hours / Min:
6. BIRTHPLACE (City & State or Foreign Country): NEW YORK, NY
7. SOCIAL SECURITY NUMBER: 108-50-2470
8. MARITAL STATUS AT TIME OF DEATH: ☒ Married ☐ Widowed ☐ Divorced ☐ Never Married ☐ Unknown
9. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage): KAREN JEROME
10a. RESIDENCE STREET ADDRESS: 3904 LINKS LN.
10b. APT. NO.:
10c. CITY OR TOWN: ROUND ROCK
10d. COUNTY: WILLIAMSON
10e. STATE: TEXAS
10f. ZIP CODE: 78664
10g. INSIDE CITY LIMITS? ☒ Yes ☐ No
11. FATHER'S NAME: FRANK F. FEROLA Sr.
12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE: VERA VACCARO
13. PLACE OF DEATH (CHECK ONLY ONE)
IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice Facility ☐ Nursing Home ☒ Decedent's Home ☐ Other (Specify)
14. COUNTY OF DEATH: WILLIAMSON
15. CITY/TOWN, ZIP - (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.): ROUND ROCK, 78664
16. FACILITY NAME (If not institution, give street address): 3904 LINKS LN.
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED: KAREN FEROLA - SPOUSE
18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code): 3904 LINKS LANE, ROUND ROCK, TX 78664
19. METHOD OF DISPOSITION: ☐ Burial ☐ Cremation ☐ Donation ☒ Entombment ☐ Removal from state ☐ Other (Specify)
20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: BLAKE HENDERSON ,BY ELECTRONIC SIGNATURE - 111829
21. ☒ Unknown — Section — Block — Lot — Space
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): BOCA RATON MAUSOLEUM
23. LOCATION (City/Town, and State): BOCA RATON, FL
24. NAME OF FUNERAL FACILITY: BFH For: BABIONE FUNERAL HOME
25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code): 15709 RANCH ROAD 620, AUSTIN, TX 78717
26. CERTIFIER (Check only one)
☒ Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated.
☐ Medical Examiner/Justice of the Peace - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.
27. SIGNATURE OF CERTIFIER: STEVE BENTON , BY ELECTRONIC SIGNATURE
28. DATE CERTIFIED (Mo/Day/Yr): 10/29/2009
29. LICENSE NUMBER:
30. TIME OF DEATH (Actual or presumed): 06:10 PM
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code): STEVE BENTON 301 S.E. INNER LOOP, SUITE 103, GEORGETOWN, TX 78626
32. TITLE OF CERTIFIER: JP PCT. 3

CAUSE OF DEATH

33. PART I. ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH LINE.
Approximate interval Onset to death

IMMEDIATE CAUSE (Final disease or condition ——> resulting in death): a. SELF INFLICTED GUNSHOT WOUND TO THE HEAD, CONTACT TYPE — UNKNOWN
Due to (or as a consequence of):
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST
b.
Due to (or as a consequence of):
c.
Due to (or as a consequence of):
d.

PART 2. ENTER OTHER CAUSE GIVEN IN PART I — SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING
34. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No
35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No

36. MANNER OF DEATH: ☐ Natural ☐ Accident ☒ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be determined
37. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ No ☐ Probably ☒ Unknown
38. IF FEMALE: ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to one year before death ☐ Unknown if pregnant within the past year
39. IF TRANSPORTATION INJURY, SPECIFY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)
40a. DATE OF INJURY (Mo/Day/Yr): 10/26/2009
40b. TIME OF INJURY: 06:10 PM
40c. INJURY AT WORK? ☐ Yes ☒ No
40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area): DECEDENTS RESIDENCE
40e. LOCATION (Street and Number, City, State, Zip Code): 3904 LINKS LN., ROUND ROCK, TX 78664
40f. COUNTY OF INJURY: WILLIAMSON
41. DESCRIBE HOW INJURY OCCURRED: DECEDENT DIED FROM A SELF INFLICTED, CONTACT TYPE, GUNSHOT WOUND TO THE RIGHT TEMPLE, EXITING ON THE LEFT SIDE OF THE HEAD

42a. REGISTRAR FILE NO.: 01-1200
42b. DATE RECEIVED BY LOCAL REGISTRAR: 10/30/2009
42c. REGISTRAR: REGISTRAR - WILLIAMSON COUNTY CLERK, ELECTRONICALLY FILED

EDR NUMBER 000000058123

VS-112 REV 1/2006

ARU

/This is a true and correct reproduction of the original record as recorded in this office, issued under authority of Section 191.051, Health and Safety Code.

ISSUED NOV 02 2009

GERALDINE R. HARRIS
STATE REGISTRAR

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND