

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000582

FILED
Feb 22, 2011
Secretary of State

Entity Name: HEALTH CAREER INSTITUTE INC.

Current Principal Place of Business:

1764 N CONGRESS AVE
WEST PALM BEACH, FL 33409

New Principal Place of Business:

1764 N CONGRESS AVE
SUITE 101
WEST PALM BEACH, FL 33409

Current Mailing Address:

1764 N CONGRESS AVE
WEST PALM BEACH, FL 33409

New Mailing Address:

1764 N CONGRESS AVE
SUITE 101
WEST PALM BEACH, FL 33409

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
Name: PALERMO, TINA
Address: 8623 140TH AVE. N.
City-St-Zip: W. PALM BCH, FL 33412

Title: FO
Name: WALDRON, CATHY
Address: 14467 60TH CT. N.
City-St-Zip: LOXAHATCHEE, FL 33470

Title: EX.S
Name: PALERMO, MARGARET
Address: 8623 140TH AVE NORTH
City-St-Zip: WEST PALM BEACH, FL 33412

Title: VP
Name: PALERMO, MARTIN
Address: 8623 140TH AVE N.
City-St-Zip: WEST PALM BEACH, FL 33412

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

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

SIGNATURE: CATHY WALDRON

FO

02/22/2011

Electronic Signature of Signing Officer or Director

Date