

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-10-2003 90741 018 ****70.00

DOCUMENT # N02000000582

1. Entity Name

HEALTH CAREERS INSTITUTE INC.



Principal Place of Business

**4047 OKEECHOBEE BLVD. #224
W. PALM BCH FL 33409-3237**

Mailing Address

**4047 OKEECHOBEE BLVD. #224
W. PALM BCH FL 33409-3237**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0826224

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

GRANT, NATHALIE

**5637 BASIL DR.
W. PALM BCH FL 33415-3237**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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	D	<input type="checkbox"/> Delete
NAME	GRANT, NATHALIE	
STREET ADDRESS	5637 BASIL DR.	
CITY-ST-ZIP	W. PALM BCH FL 33415	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRANT, CLIVE	
STREET ADDRESS	5637 BASIL DR.	
CITY-ST-ZIP	W. PALM BCH FL 33415	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIXON, JENNIFER	
STREET ADDRESS	256 FORESTREIA DR.	
CITY-ST-ZIP	LAKE PARK FL 33403	
TITLE	DT	<input type="checkbox"/> Delete
NAME	THOMAS, HEATHER	
STREET ADDRESS	1110 SW 44TH WAY	
CITY-ST-ZIP	DEERFIELD FL 33442	
TITLE	SD	<input type="checkbox"/> Delete
NAME	NTEM, MARK	
STREET ADDRESS	438 9TH ST.	
CITY-ST-ZIP	W. PALM BCH FL 33401	
TITLE	D	<input type="checkbox"/> Delete
NAME	PETERSON, RONALD	
STREET ADDRESS	5912 OKEECHOBEE BLVD.	
CITY-ST-ZIP	W. PALM BCH FL 33401	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NATHALIE GRANT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/03

Date

561-615-9901

Daytime Phone #

CR2E037 (10/02)