

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008348

FILED
Jul 02, 2005
Secretary of State

Entity Name: SOUTHEASTERN SCHOOL OF ALLIED HEALTH MEDICINE INC.

Current Principal Place of Business:

7430 SW 153RD PL., #107
MIAMI, FL 33193

New Principal Place of Business:

13205 S.W. 137TH AVE
SUITE 204
MIAMI, FL 33186 US

Current Mailing Address:

7430 SW 153RD PL., #107
MIAMI, FL 33193

New Mailing Address:

7430 SW 153RD PLACE
107
MIAMI, FL 33193 US

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GADOL, BRUCE L
7430 SW 153RD PL., #107
MIAMI, FL 33193 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: PD () Delete
Name: GADOL, BRUCE L
Address: 7430 SW 153RD PL., #107
City-St-Zip: MIAMI, FL 33193

Title: PD () Delete
Name: GADOL, RHODA
Address: 7430 SW 153RD PL., #107
City-St-Zip: MIAMI, FL 33193

Title: DT () Delete
Name: GADOL, STACY
Address: 7430 SW 153RD PL., #107
City-St-Zip: MIAMI, FL 33193

Title: DT (X) Delete
Name: GADOL, MARK
Address: 7430 SW 153RD PL. #107
City-St-Zip: MIAMI, FL 33193

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GADOL, BRUCE L
Address: 7430 SW 153RD PL., #107
City-St-Zip: MIAMI, FL 33193 US

Title: PD (X) Change () Addition
Name: GADOL, RHODA
Address: 7430 SW 153RD PL., #107
City-St-Zip: MIAMI, FL 33193 US

Title: DT (X) Change () Addition
Name: GADOL, STACY
Address: 7430 SW 153RD PL., #107
City-St-Zip: MIAMI, FL 33193 US

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 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 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: BRUCE L. GADOL

PD

07/02/2005

Electronic Signature of Signing Officer or Director

Date