

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007906

FILED  
Apr 19, 2006  
Secretary of State

Entity Name: CALVARY HEALTH CAREER INSTITUTE, INC.

## Current Principal Place of Business:

540 NORTHWEST 165TH STREET ROAD  
SUITE 100  
NORTH MIAMI BEACH, FL 33169

## Current Mailing Address:

540 NORTHWEST 165TH STREET ROAD  
SUITE 100  
NORTH MIAMI BEACH, FL 33169

## New Principal Place of Business:

540 NORTHWEST 165TH STREET ROAD  
SUITE 207  
NORTH MIAMI BEACH, FL 33169

## New Mailing Address:

540 NORTHWEST 165TH STREET ROAD  
SUITE 207  
NORTH MIAMI BEACH, FL 33169

FEI Number: 20-3869247

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

## Name and Address of New Registered Agent:

RASHEED, OSHOKOYA  
540 NW 165 STREET ROAD  
207  
N. MIAMI BEACH, FL 33169 US

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: RO

04/19/2006

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: OSHOKOYA, RASHEED O  
Address: 540 NORTHWEST 165TH STREET ROAD, SUITE 100  
City-St-Zip: NORTH MIAMI BEACH, FL 33169

Title: D ( ) Delete  
Name: OSHOKOYA, PATIENCE A  
Address: 540 NORTHWEST 165TH STREET ROAD, SUITE 100  
City-St-Zip: NORTH MIAMI BEACH, FL 33169

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: RO

PRES

04/19/2006

Electronic Signature of Signing Officer or Director

Date