

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000010597

FILED
Sep 29, 2008
Secretary of State

Entity Name: INTERNATIONAL INSTITUTE FOR HEALTH CARE PROFESSIONALS EMPLOYMENT & TRAINING, INC.

Current Principal Place of Business:

600 SOUTH DIXIE HIGHWAY
SUITE 211
BOCA RATON, FL 33132 US

New Principal Place of Business:

Current Mailing Address:

600 SOUTH DIXIE HIGHWAY
SUITE 211
BOCA RATON, FL 33132 US

New Mailing Address:

FEI Number: 20-5754204 **FEI Number Applied For ()** **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:

RAZAFIKELY, EMILIE DR
10695 PALM SPRING DRIVE
BOCA RATON, FL 33428 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: EMILIE RAZAFIKELY

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RAZAFIKELY, EMILIE DR
Address: 10695 PALM SPRING DR
City-St-Zip: BOCA RATON, FL 33428 US

Title: T,VP () Delete
Name: RAZAFIKELY, NOEDET
Address: 10695 PALM SPRING DR
City-St-Zip: BOCA RATON, FL 33428 US

Title: SEC () Delete
Name: PIERRE-PAUL, IMMACULEE
Address: 2310 SW COOPER LANE
City-St-Zip: PORT ST LUCIE, FL 34984 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: EMILIE RAZAFIKELY

Electronic Signature of Signing Officer or Director

PD

09/29/2008

Date