2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2004
Secretary of State

DOCUMENT# N44388

Entity Name: NATIONAL NETWORK OF HEALTH CAREER PROGRAMS IN TWO-YEAR COLLEGES, INC.

Current Principal Place of Business:

950 NW 20TH STREET
MIAMI, FL 33127 US

New Principal Place of Business:

Current Mailing Address:

950 NW 20TH STREET
MIAMI, FL 33127 US

New Mailing Address:

FEI Number: 59-3079411 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MILLER, CAROL
950 NW 20TH STREET
MIAMI, FL 33127 US

Name and Address of New Registered Agent:

MILLER, CAROL J DR
950 NW 20TH STREET
MIAMI, FL 33127 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: DR. CAROL J. MILLER 01/09/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: POINTS, DAN
Address: 6420 SE 15TH
City-St-Zip: OKLAHOMA CITY, OK 73134

Title: D ( ) Delete
Name: MILLER, CAROL
Address: 950 NW 20TH ST.
City-St-Zip: MIAMI, FL 33127

Title: P ( ) Delete
Name: VALAND, STEVE
Address: P.O BOX 5616
City-St-Zip: GREENVILLE, SC 296065616

Title: D ( ) Delete
Name: BERMAN, LOU ANN
Address: PO BOX 9020
City-St-Zip: TYLER, TX 75711

Title: D ( ) Delete
Name: MAUER, SUSAN
Address: W BRADLEY AVE
City-St-Zip: CHAMPAIGN, IL 61821

Title: D ( ) Delete
Name: MCPHERSON, LACHEETA
Address: MAIN AND LAMAR
City-St-Zip: DALLAS, TX 75202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: POINTS, DAN R MR
Address: 6420 SE 15TH
City-St-Zip: OKLAHOMA CITY, OK 73134

Title: D (X) Change ( ) Addition
Name: MILLER, CAROL J DR
Address: 950 NW 20TH ST.
City-St-Zip: MIAMI, FL 33127

Title: D (X) Change ( ) Addition
Name: VALAND, STEVE B MR
Address: P.O BOX 5616
City-St-Zip: GREENVILLE, SC 296065616

Title: D (X) Change ( ) Addition
Name: BLUME, WENDY DR
Address: PO BOX 200-COLLEGE DRIVE
City-St-Zip: BLACKWOOD, NJ 08012

Title: D (X) Change ( ) Addition
Name: LANG, JANELL DR
Address: P.O. BOX 10,000
City-St-Zip: TOLEDO, OH 43699

Title: O (X) Change ( ) Addition
Name: MCPHERSON, LACHEETA DR
Address: MAIN AND LAMAR
City-St-Zip: DALLAS, TX 75202

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: DR. LACHEETA MCPHERSON O 01/09/2004
Electronic Signature of Signing Officer or Director Date