2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44388

Jan 16, 2010 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

3000 NW 83RD ST.

GAINESVILLE, FL 32606 US

Current Mailing Address: New Mailing Address:

714 HARSH ROAD

MARBLEHEAD, OH 43440 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NICHOLS, LINDA R MS. 3000 NW 83RD ST.

GAINESVILLE, FL 32606 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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

LOOCHTAN, ANNE DR. Name: Address: 4237 MOSER LANE

City-St-Zip: PERRYSBURG, OH 43551 US

Title:

Name: O'DANIEL, CAROLYN DR. Address: 109 E. BROADWAY City-St-Zip: LOUISVILLE, KY 40202 US

Title:

MUNZER, PATRICIA MS Name: Address: 1700 SW COLLEGE AVENUE City-St-Zip: TOPEKA, KS 66621 US

Title: 0

Name: SIMMONS, LOIS MS Address: 7201 ROSSVILLE

City-St-Zip: BALTIMORE, MD 21237 US

Title:

FERENCHAK, GREGORY DR. Name: 1000 COCONUT CREEK BLVD Address: COCONUT CREEK, FL 33066 City-St-Zip:

Title:

HARRIS, PATRICIA MS Name: Address: 2411 W. 14TH ST TEMPE, AZ 85281 US City-St-Zip:

I hereby 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 all other like empowered.

SIGNATURE: CULLEN JOHNSON D 01/16/2010