2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44388

FILED Mar 02, 2012 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:

1000 COCONUT CREEK BLVD COCONUT CREEK, FL 33066 US

Current Mailing Address: New Mailing Address:

1000 COCONUT CREEK BLVD 714 HARSH ROAD MARBLEHEAD, OH 43440 US COCONUT CREEK, FL 33066 US

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

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

FERENCHAK, GREGORY DR. 1000 COCONUT BLVD. COCONUT CREEK, FL 33066 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

Title:

Name: LOOCHTAN, ANNE 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:

Name: FERENCHAK, GREGORY DR. 1000 COCONUT CREEK BLVD Address:

City-St-Zip: COCONUT CREEK, FL 33066 US

Title:

SIMMONS, LOIS MS Name: 7201 ROSSVILLE Address:

BALTIMORE, MD 21237 US City-St-Zip:

Title:

OCANDER, STACEY DR Name: Address: P.O.BOX 3777 OMAHA, NE 68103 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: GREGORY FERENCHAK DR. 03/02/2012