2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 04, 2010
Secretary of State

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Entity Name: DLC NURSE & LEARN, INC.

Current Principal Place of Business:

4101-1 COLLEGE ST.
JACKSONVILLE, FL 322055392

New Principal Place of Business:

Current Mailing Address:

4101-1 COLLEGE ST.
JACKSONVILLE, FL 322055392

New Mailing Address:

FEI Number: 59-3618761 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BUGGLE, AMY
4101-1 COLLEGE ST.
JACKSONVILLE, FL 322055392 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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: C
Name: VIGIL, RAFE
Address: 819 PARK STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: P
Name: KELLEY, JANICE
Address: 1620 CHERRY STREET
City-St-Zip: JACKSONVILLE, FL 32205

Title: T
Name: SMITH, AVIS
Address: 5916 CHEVELLE DRIVE
City-St-Zip: JACKSONVILLE, FL 32244

Title: VP
Name: HAMNER, RANDI
Address: 12404 WOODCUTTER ROAD
City-St-Zip: JACKSONVILLE, FL 32220

Title: S
Name: STRICKLAND, JILL
Address: 2748 TREEMONT STREET
City-St-Zip: JACKOSNVILLE, FL 32207

Title: PR
Name: HAMNER, RANDI
Address: 12404 WODDCUTTER ROAD
City-St-Zip: JACKSONVILLE, FL 32220

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: JANICE KELLEY P 06/04/2010
Electronic Signature of Signing Officer or Director — Date