

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000072182

FILED
Mar 03, 2004
Secretary of State

Entity Name: FLC NURSING TUTORIAL AND SERVICES INC

Current Principal Place of Business:

14830 S. MILITARY TRAIL
DELRAY BEACH, FL 33484

New Principal Place of Business:

Current Mailing Address:

14830 S. MILITARY TRAIL
DELRAY BEACH, FL 33484

New Mailing Address:

FEI Number: 65-1109483

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEXIMA, JEAN-JOSEPH
15810 GLEN WILLOW LANE
WELLINGTON, FL 33414

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CALIXTE, FIONE
Address: 15810 GLEN WILLOW LANE
City-St-Zip: WELLINGTON, FL 33414

Title: TS () Delete
Name: BOWSMAN, JOANNE
Address: 9551 NW 29TH ST.
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CALIXTE, FIORE
Address: 15810 GLEN WILLOW LANE
City-St-Zip: WELLINGTON, FL 33414

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FLORE CALIXTE

PRES

03/03/2004

Electronic Signature of Signing Officer or Director

Date