

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000072182

FILED  
Apr 20, 2009  
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 ( )

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

CALIXTE, FLORE  
1721 CLYDESDALE AVE  
WELLINGTON, FL 33414 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CALIXTE, FLORE  
Address: 1721 CLYDESDALE AVE  
City-St-Zip: WELLINGTON, FL 33414

Title: TS ( ) Delete  
Name: CALIXTE, STEVE  
Address: 3011 SAN CLARA DR APT#7A  
City-St-Zip: DELRAY BEACH, FL 33445

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

P

04/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date