

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000070875

**FILED**  
**Feb 09, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA NURSING ACADEMY INC.

**Current Principal Place of Business:**

5460 N STATE RD 7  
# 101  
FT LAUDERDALE, FL 33319

**New Principal Place of Business:**

**Current Mailing Address:**

5460 N STATE RD 7  
# 101  
FT LAUDERDALE, FL 33319

**New Mailing Address:**

**FEI Number:** 01-0723369

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ASGAR, HOSEIN  
8285 IRONGATE PL  
BOCA RATON, FL 33433 US

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

HOSEIN, ERROL  
8285 IRONGATE PL  
BOCA RATON, FL 33433 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: BH

02/09/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HOSEIN, ASGAR  
Address: 8201 NW 9TH CT  
City-St-Zip: PLANTATION, FL 33324

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

SIGNATURE: AH

P

02/09/2012

Electronic Signature of Signing Officer or Director

Date