

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000114174

FILED
Apr 30, 2004
Secretary of State

Entity Name: THE INSTITUTE OF PROFESSIONAL HEALTH CAREERS, INC.

Current Principal Place of Business:

7169 W. OAKLAND PARK BLVD.
LAUDERHILL, FL 33313

New Principal Place of Business:

Current Mailing Address:

7169 W. OAKLAND PARK BLVD.
LAUDERHILL, FL 33313

New Mailing Address:

FEI Number: 54-2080338

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STROTHER, JACQUELINE
5929 STRAWBERRY LAKES CIR.
LAKEWORTH, FL 33463

Name and Address of New Registered Agent:

MAHABIR, INDIRA
3033 NW 33RD AVE.
COCONUT CREEK, FL 33063

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: INDIRA MAHABIR

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MAHABIR, INDIRA
Address: 3033 NW 48TH AVE.
City-St-Zip: COCONUT CREEK, FL 33063

Title: D (X) Delete
Name: STROTHER, JACQUELINE
Address: 5929 STRAWBERRY LAKES CIR.
City-St-Zip: LAKEWORTH, FL 33463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MAHABIR, INDIRA
Address: 3033 NW 48TH AVE.
City-St-Zip: COCONUT CREEK, FL 33063

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: INDIRA MAHABIR

PRES

04/30/2004

Electronic Signature of Signing Officer or Director

Date