

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000048640

FILED
Apr 21, 2008
Secretary of State

Entity Name: POLY HEALTHCARE TRAINING CENTER INC.

Current Principal Place of Business:

750 SOUTH ORANGE BLOOSOM TRAIL
SUITE #254
ORLANDO, FL 02805

New Principal Place of Business:

750 SOUTH ORANGE BLOOSOM TRAIL
SUITE #254
ORLANDO, FL 32805

Current Mailing Address:

750 SOUTH ORANGE BLOOSOM TRAIL
SUITE #254
ORLANDO, FL 02805

New Mailing Address:

750 SOUTH ORANGE BLOOSOM TRAIL
SUITE #254
ORLANDO, FL 32805

FEI Number: 38-3700673

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POLYNICE, FLORENCE
14141 HAMPSHIRE BAY CIRCLE
WINTER GARDEN, FL 34787 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: POLYNICE, FLORENCE
Address: 14141 HAMPSHIRE BAY CR
City-St-Zip: WINTER GARDEN, FL 34787

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: FLORENCE POLYNICE

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04/21/2008

Electronic Signature of Signing Officer or Director

Date