

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000078601

FILED
Apr 27, 2012
Secretary of State

Entity Name: EXCELSIOR TECHNICAL INSTITUTE, INC. FOR MEDICAL CODING AND BILLING

Current Principal Place of Business:

8000 NW 31 STREET
5
DORAL, FL 33122

New Principal Place of Business:

Current Mailing Address:

8000 NW 31 STREET
5
DORAL, FL 33122

New Mailing Address:

FEI Number: 26-0506167

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WITTER, SHERYL
5755 DEVONSHIRE BLVD
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

ALJOE, GARY S
19501 NE 10TH AVENUE
303
MIAMI, FL 33179 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: GARY ALJOE

04/27/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEO
Name: WITTER, SHERYL
Address: 3614 ANDERSON ROAD
City-St-Zip: CORAL GABLES, FL 33134

Title: DIR
Name: SHAKESPEARE, BRANDON J
Address: 3614 ANDERSON ROAD
City-St-Zip: CORAL GABLES, FL 33134

Title: SECR
Name: WITTER, CHERICE
Address: 8000 NW 31 STREET #5
City-St-Zip: DORAL, FL 33122

Title: MNGR
Name: GARCIA, GLADYS
Address: 8000 NW 31 STREET #5
City-St-Zip: DORAL, FL 33122

Title: COO
Name: WALTON, ERIC D
Address: 3614 ANDERSON ROAD
City-St-Zip: CORAL GABLES, FL 33134

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: SHERYL WITTER

CEO

04/27/2012

Electronic Signature of Signing Officer or Director

Date