2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000069543

Entity Name: PALM BEACH MEDICAL COLLEGE INC.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:			
	_ANE FARMS F	ROAD				
SUITE C WELLINGT	ON, FL 33414	US				
Current Mailing Address:			New Maili	New Mailing Address:		
	ANE FARMS F	ROAD				
SUITE C WELLINGT	ON, FL 33414	US				
FEI Number:	26-4223497	FEI Number Applied For () FEI Nu	ımber Not Appl	icable ()	Certificate of Status Desired ()	
Name and	Address of Cu	ırrent Registered Agent:	Name and	Address of N	ew Registered Agent:	
SUITE C	, NOEL J LANE FARMS F ON, FL 33414					
The above in the State		ubmits this statement for the purpose	of changing i	ts registered of	ffice or registered agent, or both,	
SIGNATUR	RE:					
	Electronic	Signature of Registered Agent			Date	
Election Carr	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	GUILLAMA, NOE	FARMS ROAD SUITE C	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	MARTINI, CARLO	FARMS ROAD SUITE C	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	MARTINEZ, PED	FARMS ROAD SUITE C	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	COHEN, DONALI	FARMS ROAD SUITE C	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	GUILLAMA, SÚS	FARMS ROAD SUITE C	Title: Name: Address: City-St-Zip:	GALLAGHER, S	FARMS ROAD SUITE C	
Title: Name: Address: City-St-Zip:	1()	Delete	Title: Name: Address: City-St-Zip:	LAVERNIA, ENF	FARMS ROAD, SUITE C	

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: NOEL J GUILLAMA CEO 04/30/2009