2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2010
Secretary of State

DOCUMENT# P08000069543

Entity Name: PALM BEACH MEDICAL COLLEGE INC.

Current Principal Place of Business:

3420 FAIRLANE FARMS ROAD
SUITE C
WELLINGTON, FL 33414 US

New Principal Place of Business:

Current Mailing Address:

3420 FAIRLANE FARMS ROAD
SUITE C
WELLINGTON, FL 33414 US

New Mailing Address:

1401 SW 8 ST
BOCA RATON, FL 33486 US

FEI Number: 26-4223497 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GUILLAMA, NOEL J
3420 FAIRLANE FARMS ROAD
SUITE C
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

LAVERNIA, MILTON
1401 SW 8 ST.
BOCA RATON, FL 33486 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: MILTON LAVERNIA 01/21/2010
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: SD
Name: LAVERNIA, MILTON
Address: 1401 SW 8 ST
City-St-Zip: BOCA RATON, FL 33486 US

Title: PTCE
Name: MARTINI, CARLOS M MD
Address: PO BOX 212889
City-St-Zip: ROYAL PALM BEACH, FL 33421 US

Title: CCTO
Name: MARTINEZ, PEDRO L
Address: PO BOX 212889
City-St-Zip: ROYAL PALM BEACH, FL 33421 US

Title: D
Name: ALTSCHULER, HAROLD MD
Address: PO BOX 212889
City-St-Zip: ROYAL PALM BEACH, FL 33421 US

Title: D
Name: CHEDIAK, NIDIA MD
Address: PO BOX 212889
City-St-Zip: ROYAL PALM BEACH, FL 33421 US

Title: VCVP
Name: LAVERNIA, ENRIQUE MD
Address: PO BOX 212889
City-St-Zip: ROYAL PALM BEACH, FL 33421

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: MILTON LAVERNIA SD 01/21/2010
Electronic Signature of Signing Officer or Director Date