2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000069543

Entity Name: PALM BEACH MEDICAL COLLEGE INC.

FILED Apr 26, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

C/O DR. CARLOS MARTINI 4 HARVARD CIR. STE 800

WEST PALM BEACH, FL 33409 US

Current Mailing Address: New Mailing Address:

4 HARVARD CIR.

SUITE 800

4 HARVARD CIR. STE 800

WEST BALL BE 22446 - 110

WEST PALM BEACH, FL 33146 US WEST PALM BEACH, FL 33409 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LAVERNIA, MILTON MARTINI, CARLOS MD 1401 SW 8 ST. 4009 PINTA COURT

BOCA RATON, FL 33486 US CORAL GABLES, FL 33416 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: CARLOS MARTINI, MD 04/26/2012

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: SD

 Name:
 LAVERNIA, MILTON

 Address:
 1401 SW 8 STREET

 City-St-Zip:
 BOCA RATON, FL 33486 US

Title: PTCE

Name: MARTINI, CARLOS M MD
Address: 4 HARVARD CIR., STE 800
City-St-Zip: WEST PALM BEACH, FL 33409 US

Title: CCTO

Name: MARTINEZ, PEDRO L
Address: 4 HARVARD CIR., STE 800
City-St-Zip: WEST PALM BEACH, FL 33409 US

Title:

Name: ALTSCHULER, HAROLD MD
Address: 4 HARVARD CIR., STE 800
City-St-Zip: WEST PALM BEACH, FL 33409 US

Title: [

 Name:
 CHEDIAK, NIDIA MD

 Address:
 4 HARVARD CIR., STE 800

 City-St-Zip:
 WEST PALM BEACH, FL 33409 US

Title: VCVP

 Name:
 LAVERNIA, ENRIQUE MD

 Address:
 4 HARVARD CIR., STE 800

 City-St-Zip:
 WEST PALM BEACH, FL 33409

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: CARLOS MARTINI, MD PRES 04/26/2012