2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2011
Secretary of State

DOCUMENT# P09000026276

Entity Name: HEALTHCARE EDUCATION RESOURCES INC.

Current Principal Place of Business:

3215 S US HWY 1
SUITE D
FT PIERCE, FL 34982

New Principal Place of Business:

1472 SW FALMOUTH AVE
PORT ST LUCIE, FL 34953

Current Mailing Address:

3215 S US HWY 1
SUITE D
FT PIERCE, FL 34982

New Mailing Address:

1472 SW FALMOUTH AVE
PORT ST LUCIE, FL 34953

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEZON, PATRICIA K
1472 SW FALMOUTH AVE
PORT ST LUCIE, FL 34953 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

OFFICERS AND DIRECTORS:

Title: P
Name: LEZON, KATHLEEN M
Address: 1472 SW FALMOUTH AVE
City-St-Zip: PORT ST LUCIE, FL 34953

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: KATHLEEN M. LEZON PRES 05/01/2011

Electronic Signature of Signing Officer or Director — Date