2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2012
Secretary of State

DOCUMENT# P10000026173

Entity Name: ELITE HEALTHCARE INSTITUTE, INC.

Current Principal Place of Business:

5269 S FLORIDA AVE
LAKELAND, FL 33813

New Principal Place of Business:

Current Mailing Address:

5269 S FLORIDA AVE
LAKELAND, FL 33813

New Mailing Address:

FEI Number: 27-2438873 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NETHERSOLE, EUSTACE G V.P.
456 OAKLANDING BLVD
MULBERRY, FL 33860 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: D
Name: NETHERSOLE, ELAINE
Address: 459 HILLSIDE AVE
City-St-Zip: PISCATAWAY, NJ 08854

Title: D
Name: NETHERSOLE, DENISE
Address: 456 OAKLANDING BLVD
City-St-Zip: MULBERRY, FL 33860

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: EUSTACE G. NETHERSOLE VP 04/30/2012

Electronic Signature of Signing Officer or Director Date