

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000087974

FILED
Apr 28, 2012
Secretary of State

Entity Name: CONTINUING NURSING EDUCATION INC.

Current Principal Place of Business:

829 NW 81ST AVE
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

5350 NW 49TH ST.
COCONUT CREEK, FL 33073

New Mailing Address:

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

Name and Address of Current Registered Agent:

WILFONG, LAURI
5350 NW 49TH ST
COCONUT CREEK, FL 33073 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: VP
Name: WARD, TIMOTHY
Address: 829 NW 81ST AVE.
City-St-Zip: PLANTATION, FL 33324

Title: P
Name: WILFONG, LAURI
Address: 5350 NW 49TH ST
City-St-Zip: COCONUT CREEK, FL 33073

Title: TRES
Name: LEVENE, MOSHE
Address: 5350 NW 49TH ST
City-St-Zip: COCONUT CREEK, FL 33073

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: TIMOTHY WARD

VP

04/28/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date