

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000093720

**FILED**  
**Apr 01, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA CNA SKILLS CENTER ORANGE PARK INC.

**Current Principal Place of Business:**

1801 LAKE FOREST LN  
FLEMING ISLAND, FL 32003

**New Principal Place of Business:**

418 KINGSLEY AVE.  
SUITE A  
ORANGE PARK, FL 32073

**Current Mailing Address:**

1801 LAKE FOREST LN  
FLEMING ISLAND, FL 32003

**New Mailing Address:**

**FEI Number:** 45-3734581

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

DILL, MARSHA  
1801 LAKE FOREST LN  
FLEMING ISLAND, FL 32003 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: DP  
Name: DILL, MARSHA  
Address: 1801 LAKE FOREST LN  
City-St-Zip: FLEMING ISLAND, FL 32003

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: MARSHA G. DILL

DP

04/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date