

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000000742

FILED  
Mar 22, 2012  
Secretary of State

Entity Name: SCHOOL OF HEALTH CAREER, INC.

**Current Principal Place of Business:**

3190 N STATE RD 7  
LAUDERDALE LAKES, FL 33319 US

**New Principal Place of Business:**

5000 C COCONUT CREEK PARKWAY  
MARGATE, FL 33063 US

**Current Mailing Address:**

711 WESTCHESTER AVENUE, SUITE 207  
WHITE PLAINS, NY 10604 US

**New Mailing Address:**

FEI Number: 65-0374482      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

COUTTS, CHRIS  
711 WESTCHESTER AVENUE, SUITE 207  
WHITE PLAINS,, FL 10604 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: HARPER, SCOTT  
Address: 5900 LAUDERBROOK DRIVE, STE 200  
City-St-Zip: CLEVELAND, OH 44124

Title: D  
Name: BENJAMIN, ARTHUR  
Address: 16322 MIRASOL WAY  
City-St-Zip: DELRAY BEACH, FL 33446

Title: D  
Name: PROTO, RANDY  
Address: 711 WESTCHESTER AVENUE, SUITE 207  
City-St-Zip: WHITE PLAINS, NY 10604

Title: O  
Name: SCHWARTZ, STEPHEN  
Address: 711 WESTCHESTER AVE, SUITE 207  
City-St-Zip: WHITE PLAINS, NY 10604

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: STEPHEN SCHWARTZ

CFO

03/22/2012

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

\_\_\_\_\_ Date