2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2011
Secretary of State

DOCUMENT# P95000052998

Entity Name: PROFESSIONAL HEALTH CARE EDUCATIONAL SYSTEMS, INC.

Current Principal Place of Business:

1520 BROOKER RD.
BRANDON, FL 33511 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 291883
TAMPA, FL 33617 US

New Mailing Address:

FEI Number: 59-3334333 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REELE, BONNIE L ST
1520 BROOKER RD.
BRANDON, FL 33511 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: JOSEPH, INEZ V P
Address: 9480 FOWLER AVENUE
City-St-Zip: THONOTOSASSA, FL 33592

Title: ST
Name: REELE, BONNIE L ST
Address: 1520 BROOKER RD.
City-St-Zip: BRANDON, FL 33511

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: BONNIE L. REELE ST 02/27/2011

Electronic Signature of Signing Officer or Director Date