Applied For

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000056098

1, Corporation Name

HEALTHCARE TRAINING CENTER, INC.

Principal Place of Business	Mailing Address	
8688 GRIFFIN ROAD COOPER CITY FL 33328	8688 GRIFFIN ROAD COOPER CITY FL 33328	
2. Principal Place of Business	2a. Mailing Address	

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90293 018 ***900.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

07/20/1995 4. FEI Number

Suite, Apt. #, etc. 2 Suite, Apt. #, etc. 3 Suite, Apt. #, etc. 4 Suite, Apt. #, etc. 5 Suite,	21		26			65-0611197		Not Applicable	
City & State City & State City & State City & State Current year Country 2/p Country 8. This corporation owns the current year intargible Personal Property Tax Yea Y		#, etc.	⊢	Suite, Apt. #, etc.		5. Certifcate of Status Desired			
Zip Country 2p		te	├- ¬ ′	City & State					
SAMUELS, EUGENE P 888 GRIFFIN RD COOPER CITY FL 33328 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I humbly accept the appointment as registered agent, and antimities with, and accept the obligations of, Section 607,0505, Rorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am families with, and accept the obligations of, Section 607,0505, Rorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am families with, and accept the obligations of, Section 607,0505, Rorida Statutes. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. NITULE 15. NAME 15. NAME DELETE 1. NITULE 1. NITULE		· ·	 - - - - - - - - - -	¬ ′			·	A Kio	
SAMUELS, EUGENE P 8888 GRIFFIN RD COOPER CITY FL 33328 84 City FL 35 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Ficrida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Ficrida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent affailar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typical or privated ration of proposed specific that a specifi			Registered Agent			10. Name and Address of New Reg	istered Agent		
8888 CRIFFIN RD COOPER CITY FL 33328 22 Street Addrices (P.O. Box Number is Not Acceptable) 33 City Cooper City FL 33328 34 City FL 85 Zip Code 45 City FL 85 Zip Code 46 City FL 85 Zip Code 46 City FL 85 Zip Code 46 City FL 85 Zip Code 47 City FL 85 Zip Code 48				81	Name				
B888 GRIFFIN RD COOPER CITY FL 33328 11. Fursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and arguliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, hyeodrophic provisions of registered agent are intelligent and arguliar and strates. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. WHERTZ, BRADLEY L 13 STREET ADDRESS CITY-51.2P 14 CITY-51.2P 15 STREET ADDRESS CITY-51.2P 16 DELETE 18 DELETE 18 TITLE 18 Change Addition NAME 18 STREET ADDRESS 18	8688 GRIFFIN RD			82	97 Street Address (P.O. Boy Number is Not Acceptable)				
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of Section 607 0505, Florida Statutes. Stockers Part Part				62	32 Street Address (F.O. Box Nulliber is Not Acceptable)				
T1. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent agent, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, hyped or printed name of registered agent are fitted a agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 12. OFFICERS AND DIRECTORS IN 12 12. ITIE D	COOPER CITY FL 33328		83			_			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 907.9503. Florida Statutes. SIGNATURE Signature, Typical or printed name of registered agent and the registered agent				84	City		FL 85	Zip Code	
Signature Signature hybrid or poleted name of registered agent and title if applicable (NOTE: Registered Agent agentation required when reinstalling) DATE	11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered								
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TITLE	SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	egistered Ager	nt signature required				
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed or on an attachment with all other like empowered.

SIGNATURE: