2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2017
Secretary of State
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Entity Name: THE HEALTHCARE LEARNING AND PERFORMANCE CENTER, CORP.

Current Principal Place of Business:

2245 NW 110 AVENUE
MIAMI, FL 33172

Current Mailing Address:

2245 NW 110 AVENUE
MIAMI, FL 33172 US

FEI Number: 47-4929368

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROMAN, CESAR M
2245 NW 110 AVENUE
MIAMI, FL 33172 US

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

Officer/Director Detail :

Title	PD
Name	MARTINEZ, ARMANDO E
Address	10500 SW 108TH AVE APT B213
City-State-Zip:	MIAMI FL 33176

Title	TD
Name	ROMAN, CESAR M
Address	2245 NW 110 AVENUE
City-State-Zip:	MIAMI FL 33172

Title	CD
Name	LOPEZ, JOSE A
Address	6745 SW 132ND AVE #208
City-State-Zip:	MIAMI FL 33183

Title	DC
Name	NASCIMENTO, FABIO
Address	950 NW 20TH ST
City-State-Zip:	MIAMI FL 33127

Title	D
Name	PETERSEN, CHERI SUNSHINE
Address	101 N. MAIN STREET #1B
City-State-Zip:	COLVILLE WA 99114

Title	D
Name	MOEZ, LAOBAT
Address	1399 NW 87TH AVE
City-State-Zip:	CORAL SPRINGS FL 33071

Title	D
Name	CASTRO, SERGIO
Address	8901 SW 157 AVE SUITE 16-103
City-State-Zip:	MIAMI FL 33196

Title	D
Name	VINAS, JAIME
Address	15765 SW 112 TERRACE
City-State-Zip:	MIAMI FL 33196

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CESAR M ROMAN TD 04/28/2017

Electronic Signature of Signing Officer/Director Detail — Date