

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000087974

**FILED
Apr 27, 2013
Secretary of State
CC1386830490**

Entity Name: CONTINUING NURSING EDUCATION INC.

Current Principal Place of Business:

829 NW 81ST AVE
PLANTATION, FL 33324

Current Mailing Address:

5350 NW 49TH ST.
COCONUT CREEK, FL 33073

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILFONG, LAURI
5350 NW 49TH ST
COCONUT CREEK, FL 33073 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 VP
Name WARD, TIMOTHY
Address 829 NW 81ST AVE.
City-State-Zip: PLANTATION FL 33324

Title P
Name WILFONG, LAURI
Address 5350 NW 49TH ST
City-State-Zip: COCONUT CREEK FL 33073

Title TRES
Name LEVENE, MOSHE
Address 5350 NW 49TH ST
City-State-Zip: COCONUT CREEK FL 33073

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: WARD TIMOTHY

VP

04/27/2013

Electronic Signature of Signing Officer/Director Detail

Date