

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000072296

**Entity Name:** MOUNT SINAI HEALTH CAREER TRAINING CENTER, INC.

**Current Principal Place of Business:**

1605 SE PORT ST LUCIE BLVD,  
SUITE 1629  
PORT ST LUCIE, FL 34952

**Current Mailing Address:**

405 SW NAMOIT PL  
PORT ST LUCIE, FL 34952

**FEI Number:** 46-0794981

**Certificate of Status Desired:** No

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

LEGER, MARIE R  
405 SW NAMOIT PLACE  
PORT ST LUCIE, FL 34953 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           | D                      | Title           | DIRECTOR               |
| Name            | LEGER, MARIE R         | Name            | PIERRE, PAULETTE DR.   |
| Address         | 405 SW NAMOIT PLACE    | Address         | 1038 SW GOODMAN AVE    |
| City-State-Zip: | PORT ST LUCIE FL 34953 | City-State-Zip: | PORT ST LUCIE FL 34953 |

*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:** LEGER, MARIE R

D

04/22/2015

Electronic Signature of Signing Officer/Director Detail

Date