

2013 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000003321

Entity Name: EDUCATION AND HEALTH CENTERS OF AMERICA, INC.

Current Principal Place of Business:

3350 STATE ROUTE 138,BUILDING 2, SUITE 222
WALL TOWNSHIP, NJ 07719

Current Mailing Address:

3350 STATE ROUTE 138,BUILDING 2, SUITE 222
WALL TOWNSHIP, NJ 07719

FEI Number: 22-2425650

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301 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 P
Name CLANCY, JOHN J
Address 3350 STATE ROUTE 138,BUILDING 2,
SUITE 222
City-State-Zip: WALL TOWNSHIP NJ 07719

Title C
Name SULLIVAN, ROBERT
Address 3350 STATE ROUTE 138,BUILDING 2,
SUITE 222
City-State-Zip: WALL TOWNSHIP NJ 07719

Title STD
Name MANGINELLI, MICHAEL
Address 3350 STATE ROUTE 138,BUILDING 2,
SUITE 222
City-State-Zip: WALL TOWNSHIP NJ 07719

Title D
Name LOBBE, ARTHUR
Address 3350 STATE ROUTE 138,BUILDING 2,
SUITE 222
City-State-Zip: WALL TOWNSHIP NJ 07719

Title D
Name ERWIN, HENRY
Address 3350 STATE ROUTE 138,BUILDING 2,
SUITE 222
City-State-Zip: WALL TOWNSHIP NJ 07719

Title D
Name CONNORS, GAIL
Address 3350 STATE ROUTE 138,BUILDING 2,
SUITE 222
City-State-Zip: WALL TOWNSHIP NJ 07719

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: MICHAEL MANGINELLI

SECRETARY

04/29/2013

Electronic Signature of Signing Officer/Director Detail

Date