



THE SCHOOL DISTRICT OF PALM BEACH COUNTY
Beneficial Interest and Disclosure of Ownership Affidavit

Bld No. _____ Project No./ Title EMT Program

Corporate Name Health Career Institute

Tax FEIN No. 45-5560209

Before me, the undersigned authority, personally appeared, Tina Palermo ("Corporate Representative") this 15 day of October, 2012, who, first being duly sworn, as required by law, subject to the penalties prescribed for perjury, deposes and says:

- 1) Corporate Representative has read the contents of this Affidavit, has actual knowledge of the facts contained herein, and states that the facts contained herein are true, correct, and complete.
- 2) The following is a list of every "person" (as defined in Section 1.01(3), Florida Statutes to include individuals, children firms, associates, joint adventures, partnerships, estates, trusts, business trusts, syndicates, fiduciaries, corporations and all other groups and combinations) holding 5% or more of the beneficial interest in the disclosing entity: (If more space is needed, attach separate sheet)

A. Persons or corporate entities owning 5% or more:

Name	Address	Percentage
<u>Tina Palermo</u>	<u>8623 140th Ave N W/3 FL 33412</u>	<u>100%</u>

B. Persons or corporate entities who hold by proxy the voting power of 5% or more:

Name	Address	Percentage

C. Stock held for others and for whom held:

1. Name / 2. From Whom Held	Address	Percentage
1. _____		
2. _____		
1. _____		
2. _____		
1. _____		
2. _____		

CORPORATE REPRESENTATIVE

By: Tina Palermo

SWORN TO and subscribed before me this 15 day of October, 2012, by Tina Palermo Such person(s) (Notary Public must check applicable box).

is/are personally known to me. produced a current driver license(s). produced _____ as identification.

(NOTARY PUBLIC SEAL)

Notary Public

