## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # N9700000576

1. Corporation Name

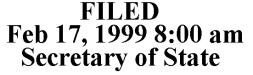
ASSOCIATION FOR NURSING ADVANCEMENT, INC.

Principal Place of Business

Mailing Address

10050 MODILIMEST ATTH STREET

10052 NORTHWEST 47TH STREET



02-17-1999 90054 025 \*\*\*\*61.25

SUNRISE FL 33351 SUNRISE FL 33351								<b>   </b>	
Principal Place of Business     2a. Mailing Address     26						3. Date Incorporated or Qualifed 01/31/1997			
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
City & State			City & State			5. Certifcate of Status Desired	esired		
Zip Country  24 25			Zip Country		Election Campaign Financing     Trust Fund Contribution	1			
1-1		Address of Current Re		<u>'</u>		10. Name and Address of New	Registered Agen	l '	
		2 5 12 5 5 5 12 1		8	1 Name				
AMERILAWYER CHARTERED 343 ALMERIA AVENUE					2 Street Ad	t Address (P.O. Box Number is Not Acceptable)			
CORAL GABLES FL 33134					3				
CONNEC	·	, .		8	4 City		FL 85	Zip Code	
11: Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the phove-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signeture, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)  DATE									
12.	Signature, typed or pri	OFFICERS AND DI		13.	,	ADDITIONS/CHANGES TO O	FICERS AND DIF	RECTORS IN 12	
TITLE	PSTD	OFFICERS AND DI	DELETE	1.1 TITLE	: I	14 157		Change	
NAME	NEWMAN, DO	INNA R		1.2 NAME	<u> </u>	•		:	
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CITY-ST-ZIP SUNRISE FL 33351				1.4 CITY-	ST-ZIP				
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CITY-ST-ZIP	OLD PROPERTY OF STATE				-ST-ZIP			•	
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CITY-ST-ZIP				4.4 CITY-			· • · · · · · · · · · · · · · · · · · ·		
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CITY-ST-ZIP	1-7			6.4 CITY-	·SI-ZIP		_		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual period or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if frianged, or on an attachment with any address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP