

DOCUMENT # N97000000576

1. Entity Name

ASSOCIATION FOR NURSING ADVANCEMENT, INC.

FILED  
Mar 31, 2000 8:00 am  
Secretary of State

03-31-2000 90107 049 \*\*\*\*61.25

Principal Place of Business

Mailing Address

10252 NORTHWEST 47TH STREET  
SUNRISE FL 33351

10252 NORTHWEST 47TH STREET  
SUNRISE FL 33351-7967

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

*Donna R. Newman*

*Jan 10, 00*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	NEWMAN, DONNA R	
STREET ADDRESS	10252 NORTHWEST 47TH STREET	
CITY - ST - ZIP	SUNRISE FL 33351	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEWMAN, PHIL J	
STREET ADDRESS	10252 NORTHWEST 47TH STREET	
CITY - ST - ZIP	SUNRISE FL 33351	
TITLE	D	<input type="checkbox"/> Delete
NAME	STARK, HAROLD	
STREET ADDRESS	10252 NORTHWEST 47TH STREET	
CITY - ST - ZIP	SUNRISE FL 33351	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY - ST - ZIP		
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NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Donna R. Newman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*JAN 10, 00*  
Date

*3051  
931-6000*  
Daytime Phone #

CR2E037 (9/99)