#### 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005571

Entity Name: NURSING CONSORTIUM OF SOUTH FLORIDA, INC.

FILED Apr 30, 2015 Secretary of State CC1413692247

## **Current Principal Place of Business:**

5751 SW 58TH COURT SOUTH MIAMI. FL 33143-2349

## **Current Mailing Address:**

5751 SW 58TH COURT

SOUTH MIAMI. FL 33143-2349 US

FEI Number: 20-0065161 Certificate of Status Desired: No

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

EGUES, RAFAEL JR. 5751 SW 58TH COURT SOUTH MIAMI, FL 33143-2349 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

City-State-Zip:

MIAMI FL 33199

Officer/Director Detail:

TitleSECRETARYTitleTREASURERNameWHITEHEAD, DIANENameSTRICKLAND, ORAAddress11501 NORTH MILITARY TRAIL,<br/>OFFICE 240Address11200 SW 8 ST

OFFICE 219

City-State-Zip: PALM BEACH GARDENS FL 33410

Title DIRECTOR Title PRESIDENT

Name DURBIN, MELISSA SEELEY, STEVEN

Address 800 MEADOWS ROAD Address 1210 SOUTH OLD DIXIE HWY

City-State-Zip: JUPITER FL 33458-7299
City-State-Zip: BOCA RATON FL 33486

Title DIRECTOR

Name MASELLA, JOANNE EGUES, RALPH

Address 3830 EDGAR AVENUE Address 5751 SW 58 CT

City-State-Zip: SOUTH MIAMI FL 33143

Title DIRECTOR

Title DIRECTOR Name OSPINA, VICTOR

Name WATERS, V. LYNN

Address 8201 WEST BROWARD BOULEVARD 8900 NORTH KENDALL DRIVE

City-State-Zip: PLANTATION FL 33324-2701

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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: RALPH EGUES, JR. EXECUTIVE DIRECTOR 04/30/2015

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title DIRECTOR

Name SMITH, MARLAINE C. Address 777 GLADES ROAD

City-State-Zip: BOCA RATON FL 33431-0991