

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000005074

**Entity Name:** FLORIDA STATE NURSES COALITION INC.**Current Principal Place of Business:**3011 W FLAGLER ST  
MIAMI, FL 33135**Current Mailing Address:**3011 W FLAGLER ST  
MIAMI, FL 33135 US**FEI Number:** 27-3109244**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GONZALEZ, PURA  
3011 W FLAGLER ST  
MIAMI, FL 33135 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:** PURA GONZALEZ LPN

04/09/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            GONZALEZ, PURA LPN  
Address        3011 W FLAGLER ST  
City-State-Zip: MIAMI FL 33135

Title            VICEPRESIDENT  
Name            RAIMUNDI, MILAGROS LPN  
Address        3011 W FLAGLER ST  
City-State-Zip: MIAMI FL 33135

Title            SECRETARY  
Name            DE LA FERIA, CECILIA CNA  
Address        3011 W FLAGLER ST  
City-State-Zip: MIAMI FL 33135

Title            DIRECTOR  
Name            PORTOMENE, GUILLERMINA RN  
Address        3011 W FLAGLER ST  
City-State-Zip: MIAMI FL 33135

Title            DIRECTOR  
Name            GONZALEZ, RUDY HHA  
Address        3011 W FLAGLER ST  
City-State-Zip: MIAMI FL 33135

Title            SECRETARY  
Name            JAVIER, GILDA CNA  
Address        3011 W FLAGLER ST  
City-State-Zip: MIAMI FL 33135

Title            OFFICER  
Name            ALEGRIA, LUISA HHA  
Address        3011 W FLAGLER ST  
City-State-Zip: MIAMI FL 33135

Title            OFFICER  
Name            ROSALES, ONAISY HHA  
Address        3011 W FLAGLER ST  
City-State-Zip: MIAMI FL 33135

*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:** PURA LPN GONZALEZ

PRESIDENT

04/09/2018

Electronic Signature of Signing Officer/Director Detail

Date