

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000026357

**Entity Name:** WEST LAWRENCE SCHOOL OF NURSING, INC

**Current Principal Place of Business:**

3903 DR. MARTIN LUTHER KING BLVD  
BAY 8  
FORT MYERS, FL 33916

**Current Mailing Address:**

3903 DR. MARTIN LUTHER KING BLVD  
BAY 8  
FORT MYERS, FL 33916 US

**FEI Number:** 45-0670138

**Certificate of Status Desired:** No

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

LAWRENCE, BRIAN SR.  
3903 DR. MARTIN LUTHER KING BLVD  
BAY 8  
FORT MYERS, FL 33916 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:** BRIAN LAWRENCE SR.

04/29/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name LAWRENCE, KAYLA  
Address 251 BETHANY HOME DRIVE  
City-State-Zip: LEHIGH ACRES FL 33936

Title VP  
Name LAWRENCE, BRIAN JR.  
Address 251 BETHANY HOME DRIVE  
City-State-Zip: LEHIGH ACRES FL 33936

Title CFO  
Name LAWRENCE, BRIAN SR.  
Address 251 BETHANY HOME DRIVE  
City-State-Zip: LEHIGH ACRES FL 33936

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BRIAN LAWRENCE

CFO

04/29/2016

Electronic Signature of Signing Officer/Director Detail

Date