

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711857

1. Entity Name
NURSES PROFESSIONAL REGISTRY OF PALM BEACH CO, INC

FILED
00 JUN 29 PM 4:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address (Same)
2300 Palm Beach Lakes Blvd
Suite 215L
West Palm Beach, FL 33409

2. Principal Place of Business 3. Mailing Address
2300 Palm Bch Lakes Blvd SAME

Suite, Apt. #, etc. Suite, Apt. #, etc.
215L
City & State City & State
West Palm Bch, FL

4. FEI Number 59-1154589 Applied For Not Applicable

Zip Country Zip Country
33409 P.B. 33409

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Irene Turton RN
4301 Water Oak Ct
Palm Beach Gardens, FL 33410

7. Name and Address of New Registered Agent
Name Jean M. Reid RNC
Street Address (P.O. Box Number is Not Acceptable)
786 Ilene Road W.
City West Palm Beach FL Zip Code 33714

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 *Jean M Reid RNC* DATE 5/22/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME D Cruise, Jimmie STREET ADDRESS 460 W 36th N St. CITY-ST-ZIP Riviera Bch, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME DP Giampetro, Ginger STREET ADDRESS 1144 Bay Colony Dr. N CITY-ST-ZIP Juno Bch, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME T Wagner, DeeAnna STREET ADDRESS 1821 6th Ave. S CITY-ST-ZIP Lake Worth, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME VP Gaitri, Persuad STREET ADDRESS 4770 NW 10 CT CITY-ST-ZIP Plantation, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME DT Edwards, Frances STREET ADDRESS 4 C Atrium Circle CITY-ST-ZIP Atlantis, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME V Trammel, Carole STREET ADDRESS 3920 Dorrit Ave. CITY-ST-ZIP Boyton Bch, FL	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME DP Reid, Jean RNC STREET ADDRESS 786 Ileyne Road W CITY-ST-ZIP West Palm Bch, FL 33714	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME D VP Sally Klinginsmith RN STREET ADDRESS 134 Village Circle CITY-ST-ZIP Jupiter, FL 33458	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME D MaryAnn Graham RN STREET ADDRESS 850 Bailey St. CITY-ST-ZIP Boca Raton, FL 33487	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME S D Sue Laylor RN STREET ADDRESS 21566 Eucalptus Way CITY-ST-ZIP Boca Raton, FL 33433	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME T/Administrator Jean Thomas RN STREET ADDRESS 324 Marlborough Pl. W. CITY-ST-ZIP West Palm Bch, FL 33405	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Jean M Reid RNC* SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)

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*****70.00 *****70.00