

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

0050193

DOCUMENT # 711857

1. Entity Name

NURSES' PROFESSIONAL REGISTRY OF PALM BEACH COUN

03-05-2001 90141 001 ****61.25
 03-05-2001 90141 002 *****8.75

Principal Place of Business

Mailing Address

2300 PALM BEACH LAKES BLVD.
 215 L
 WEST PALM BEACH FL 33409

2300 PALM BEACH LAKES BLVD.
 215 L
 WEST PALM BEACH FL 33409

04000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1154589

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

XX

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REID, JEAN M RNC
 786 ILENE ROAD W
 WEST PALM BEACH FL 33714

Name

Diane Kirkham LPN

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

190 Shore Drive

Riviera Beach, FL 33404

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/26/01

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 NAME STREET ADDRESS CITY-ST-ZIP	DP REID, JEAN RNC 786 ILEYNE ROAD W WEST PALM BEACH FL 33714	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP KLINGSMITH, SALLY 134 VILLAGE CIRCLE JUPITER FL 33458	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAHAM, MARYANN RN 850 BAILEY ST BOCA RATON FL 33487	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LAULOR, SUE RN 21566 EUCALPTUS WAY BOCA RATON FL 33433	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TA THOMAS, JEAN RN 324 MARLBOROUGH PL. W. WEST PALM BEACH FL 33405	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Diane Kirkham LPN 190 Shore Drive Riviera Beach, FL 33404	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mary Ann Graham RN 5542 Grande Palm Cir. Delray Beach, FL 33484	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Annette McClusky LPN 14057 Glenlyon CT Delray Beach, FL 33446	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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:

Diane Kirkham
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/01
 Date

561-841-7387
 Daytime Phone #

CR2E037 (10/00)