

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90090 044 ****61.25

DOCUMENT # 711857

1. Entity Name

NURSES' PROFESSIONAL REGISTRY OF PALM BEACH COUNTY, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1154589

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KIRKHAM, DIANE LPN
190 SHORE DRIVE
RIVIERA BEACH FL 33404

7. Name and Address of New Registered Agent.

Name

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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	DP	<input checked="" type="checkbox"/> Delete
NAME	KIRKHAM, DIANE LPN	
STREET ADDRESS	190 SHORE DRIVE	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRAHAM, MARY ANN	
STREET ADDRESS	5542 GRANDE PALM CIR	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCCLUSKY, ANNETTE LPN	
STREET ADDRESS	14057 GLENLYON CT	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUSAN ALEXANDER	
STREET ADDRESS	11583 WINCHESTER DR	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE	ADMINISTRATOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAY BEAUMONT	
STREET ADDRESS	2475 Presidential Way #1103	
CITY-ST-ZIP	West Palm Bch, FL 33401	
TITLE	Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nancy Roe	
STREET ADDRESS	104 TIMBER LANE	
CITY-ST-ZIP	JUPITER, FL 33458	
TITLE	ACTI ADMINISTRATOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAURA KENT	
STREET ADDRESS	140 S. SEABREEZE AVE	
CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE REQUIRED

Susan Alexander

CR2E037 (9/01)