FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

95 FEB -6 PM 12:14

DOCUMENT # **723841** **(3)**

1. Corporation Name

NURSES PROFESSIONAL REGISTRY OF BROWARD COUNTY, INC

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
950 N FEDERAL HIGHWAY SUITE 122 POMPANO BCH FL 33062	950 N FEDERAL HIGHWAY SUITE 122 POMPANO BCH FL 33062

3. Date Incorporated or Qualified: 07/10/1972
3a. Date of Last Report: 04/22/1994
4. FEI Number: 59-1405506 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21): 950 N. Federal Hwy.	2a. Mailing Address (26): 950 N. Federal Hwy.
Suite, Apt. #, etc. (22): Suite #122	Suite, Apt. #, etc. (27): Suite #122
City & State (23): Pompano Beach, FL.	City & State (28): Pompano Beach, FL.
Zip (24): 33062 Country (25): U.S.A.	Zip (29): 33062 Country (30): U.S.A.

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WHITE, ROBERT A., ESQUIRE 1401 UNIVERSITY DR., STE 600 CORAL SPRINGS FL 33071	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	☐ Change ☐ Addition
NAME	CORMIA, MARY	1.2 NAME	
STREET ADDRESS	14930 WHATLEY ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY FL	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	LAWLIS, JOAN	2.2 NAME	
STREET ADDRESS	1504 NE 28TH DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	STEINMULLER, RACHEL	3.2 NAME	
STREET ADDRESS	3041 NE 28TH AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LIGHTHOUSE POINT FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	EPSTEIN, HELEN	4.2 NAME	
STREET ADDRESS	7887 GOLF CIRCLE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	GRIFFIN, SOPHIE	5.2 NAME	
STREET ADDRESS	5895 NE 22ND AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

Rachel B. Steinmuller

SIGNATURE: Rachel B. Steinmuller 01/31/95 (305) 946-6917
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000074