

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 723841 (3)

1. Corporation Name

NURSES PROFESSIONAL REGISTRY OF BROWARD COUNTY,
INC



Principal Place of Business

Mailing Address

950 N. FEDERAL HWY
SUITE #122
POMPANO BCH FL 33062
US

950 N. FEDERAL HWY.
SUITE #122
POMPANO BCH FL 33062
US

3. Date Incorporated or Qualified
07/10/1972

3a. Date of Last Report
02/06/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1405506

Applied For

☒ Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

23

City & State

27

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24

Zip

Country

28

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

25

29

Zip

30

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

T ☐ DELETE

CORMIA, MARY
14930 WHATLEY ROAD
DELRAY FL

S ☐ DELETE

LAWLIS, JOAN
1504 NE 28TH DR.
FT. LAUDERDALE FL

PD ☐ DELETE

STEINMULLER, RACHEL
3041 NE 28TH AVE
LIGHTHOUSE POINT FL

VD ☐ DELETE

EPSTEIN, HELEN
7887 GOLF CIRCLE DRIVE
MARGATE FL

D ☐ DELETE

GRIFFIN, SOPHIE
5895 NE 22ND AVE
FT. LAUDERDALE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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)(k), 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.

SIGNATURE:

RACHEL B. STEINMULLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RACHEL B. STEINMULLER - PRESIDENT

January 17, 1996

Date

954-946-6917

Daytime Phone #

CR2E037 (12/95)