

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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**

2. Principal Place of Business

2a. Mailing Address

21 **24 2A**  
22 Suite, Apt. #, etc. **HA**  
**3041 N.E. 28 Ave.**  
23 City & State **Pompano Bch., FL**  
24 Zip **33064** 25 Country **BROWARD**

26 **Rachel B. Steimmuller**  
27 Suite, Apt. #, etc. **HA**  
**3041 N.E. 28 Ave**  
28 City & State **Pompano Beach, FL**  
29 Zip **33064** 30 Country **Broward**

3. Date Incorporated or Qualified

**07/10/1972**

4. FEI Number

**59-1405506**

Applied For

Not Applicable

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☒ 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 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **T**  
**CORMIA, MARY**  
STREET ADDRESS **14930 WHATLEY ROAD**  
CITY - ST - ZIP **DELRAY FL**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

S ☐ DELETE

NAME **S**  
**LAWLIS, JOAN**  
STREET ADDRESS **1504 NE 28TH DR.**  
CITY - ST - ZIP **FT. LAUDERDALE FL**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

PD ☐ DELETE

NAME **PD**  
**STEINMULLER, RACHEL**  
STREET ADDRESS **3041 NE 28TH AVE**  
CITY - ST - ZIP **LIGHTHOUSE POINT FL**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

VD ☐ DELETE

NAME **VD**  
**EPSTEIN, HELEN**  
STREET ADDRESS **7887 GOLF CIRCLE DRIVE**  
CITY - ST - ZIP **MARGATE FL**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

D ☐ DELETE

NAME **D**  
**GRIFFIN, SOPHIE**  
STREET ADDRESS **5895 NE 22ND AVE**  
CITY - ST - ZIP **FT. LAUDERDALE FL**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. 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 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. Steimmuller Pres. (Rachel B. Steimmuller) 04-13-98 (H) 954-946-6917*

CR2E037 (10/97)