

**2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Aug 17, 2005**  
**Secretary of State**

DOCUMENT# N02000002048

**Entity Name:** SOUTH FLORIDA COUNCIL OF ADVANCED PRACTICE NURSES, INC.**Current Principal Place of Business:**14481 SW 20 ST  
DAVIE, FL 33325**New Principal Place of Business:**1521 NE 16TH AVENUE  
FT. LAUDERDALE, FL 33316**Current Mailing Address:**14481 SW 20 ST  
DAVIE, FL 33325**New Mailing Address:**1521 NE 16TH AVENUE  
FT. LAUDERDALE, FL 33316**FEI Number:** 41-2030663**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**MINEO, PETER JR  
633 SE 3 AVE STE 4F  
FT LAUDERDALE, FL 33301 US**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: STONE-GALE, VICKY ARNP  
Address: 14481 SW 20 ST  
City-St-Zip: DAVIE, FL 33325

Title: V ( ) Delete  
Name: PETIT, ROBIN ARNP  
Address: 1521 NE 16TH AVENUE  
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: T ( ) Delete  
Name: GREENBERG, CHERYL ARNP  
Address: 1639 VICTORIA POINTE LANE  
City-St-Zip: WESTON, FL 33327

Title: S ( ) Delete  
Name: CHANCE, MARLEEN ARNP  
Address: 6610 SW 57 ST  
City-St-Zip: DAVIE, FL 33314

Title: D ( ) Delete  
Name: FORSYTH, PATRICIA ARNP  
Address: 3201 HARRISON STREET  
City-St-Zip: HOLLYWOOD, FL 33021

Title: D ( ) Delete  
Name: FOCARACCI, TERESA ARNP  
Address: 2141 NE 29TH STREET  
City-St-Zip: LIGHTHOUSE POINT, FL 33064

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: PETIT, ROBIN ARNP  
Address: 1521 NE 16TH AVENUE  
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: V (X) Change ( ) Addition  
Name: THOMASON, TODD ARNP  
Address: 7410 NW 19TH PLACE  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBIN PETIT

PRES

08/17/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date