

2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000002048**

1. Entity Name  
**SOUTH FLORIDA COUNCIL OF ADVANCED PRACTICE  
NURSES, INC.**



Principal Place of Business  
**1521 NE 16TH AVENUE  
FT. LAUDERDALE, FL 33316**

Mailing Address  
**1521 NE 16TH AVENUE  
FT. LAUDERDALE, FL 33316**



03212006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**41-2030663**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MINEO, PETER JR  
633 SE 3 AVE STE 4F  
FT LAUDERDALE, FL 33301**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) DATE \_\_\_\_\_

Filing Fee is \$61.25  
Due by May 1, 2006

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PETIT, ROBIN ARNP 1521 NE 16TH AVENUE FT. LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THOMASON, TODD ARNP 7410 NW 19TH PLACE PEMBROKE PINES, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GREENBERG, CHERYL ARNP 1638 VICTORIA POINTE LANE WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHANCE, MARLEEN ARNP 6610 SW 57 ST DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORSYTH, PATRICIA ARNP 3201 HARRISON STREET HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOCARACCI, TERESA ARNP 2141 NE 29TH STREET LIGHTHOUSE POINT, FL 33064

**DO NOT WRITE  
IN THIS SPACE**

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04/11/06-80062-018 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Robin C. Petit **Robin C. Petit** 3/21/06 954/355-5756

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #