

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002048

FILED
Apr 29, 2009
Secretary of State

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

Current Principal Place of Business:

1521 NE 16TH AVENUE
FT. LAUDERDALE, FL 33316

New Principal Place of Business:

1639 VICTORIA POINTE LANE
WESTON, FL 33327

Current Mailing Address:

1521 NE 16TH AVENUE
FT. LAUDERDALE, FL 33316

New Mailing Address:

1639 VICTORIA POINTE LANE
WESTON, FL 33327

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

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

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 (X) 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: () 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:

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 exemption stated 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 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: CHERYL GREENBERG ARNP

ARNP

04/29/2009

Electronic Signature of Signing Officer or Director

Date