

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000002048

**FILED**  
**Mar 12, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

1639 VICTORIA POINTE LANE  
WESTON, FL 33327

**New Principal Place of Business:**

**Current Mailing Address:**

1639 VICTORIA POINTE LANE  
WESTON, FL 33327

**New Mailing Address:**

**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: T  
Name: GREENBERG, CHERYL ARNP  
Address: 1639 VICTORIA POINTE LANE  
City-St-Zip: WESTON, FL 33327

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

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

I hereby 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 all other like empowered.

SIGNATURE: CHERYL GREENBERG

ARNP

03/12/2011

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

\_\_\_\_\_  
Date