

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006937

FILED
Apr 06, 2007
Secretary of State

Entity Name: FLORIDA NURSE PRACTITIONER NETWORK, INC.

Current Principal Place of Business:

4441 S.W. 101ST. DR.
GAINESVILLE, FL 32608

New Principal Place of Business:

5159 CLUB RD
WEST PALM BEACH, FL 33415

Current Mailing Address:

4441 S.W. 101ST. DR.
GAINESVILLE, FL 32608

New Mailing Address:

P.O. BOX 25422
TAMPA, FL 33622

FEI Number: 55-0796285

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOWARD A. CAPLAN, ATTORNEY, P.A.
6260 DUPONT STATION COURT SUITE C
JACKSONVILLE, FL 32217 US

Name and Address of New Registered Agent:

BK ACCOUNTING
2861 NORTHWEST 22ND TERRACE
POMPAHO BEACH, FL 33069 US

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: JOSEPH MATIJASICH

04/06/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: AERTKER, JEAN
Address: 646 RIVIERA DR.
City-St-Zip: TAMPA, FL 33606

Title: VSTD () Delete
Name: SASLO, CHRIS
Address: 5159 CLUB RD
City-St-Zip: WEST PALM BEACH, FL 33415

Title: VPD () Delete
Name: GRIFFITH, VERONICA
Address: 4441 S.W. 101ST. DR.
City-St-Zip: GAINESVILLE, FL 32608

Title: TD () Delete
Name: CLOTFELTER, CAROL
Address: 14471 LARBOARD LANE
City-St-Zip: LARGO, FL 33774

Title: SD () Delete
Name: QUIGLEY, PATRICIA
Address: 6297 25TH ST. NORTH
City-St-Zip: ST. PETERSBURG, FL 33702

Title: MD (X) Delete
Name: PARSONS, CINDY
Address: 1725 WESTERLY DR.
City-St-Zip: BRANDON, FL 33511

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: AERTKER, JEAN
Address: 646 RIVIERA DR.
City-St-Zip: TAMPA, FL 33606

Title: PD (X) Change () Addition
Name: SASLO, CHRIS
Address: 5159 CLUB RD
City-St-Zip: WEST PALM BEACH, FL 33415

Title: VPD (X) Change () Addition
Name: DUBOIS, JANET
Address: 3110 45TH WAY EAST
City-St-Zip: BRADENTON, FL 34203

Title: MD (X) Change () Addition
Name: PARSONS, CINDY
Address: 1725 WESTERLY DR
City-St-Zip: BRANDON, FL 33511

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 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: M CHRISTOPHER SASLO

PD

04/06/2007

Electronic Signature of Signing Officer or Director

Date