

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006937

FILED
Jan 09, 2008
Secretary of State

Entity Name: FLORIDA NURSE PRACTITIONER NETWORK, INC.

Current Principal Place of Business:

5159 CLUB RD
WEST PALM BEACH, FL 33415

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 25422
TAMPA, FL 33622

New Mailing Address:

FEI Number: 55-0796285

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BK ACCOUNTING
2861 NORTHWEST 22ND TERRACE
POMPAHO BEACH, FL 33069 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: TD () Delete
Name: AERTKER, JEAN
Address: 646 RIVIERA DR.
City-St-Zip: TAMPA, FL 33606

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

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

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

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: VP () Change (X) Addition
Name: MARKOVICH, ELIZABETH
Address: 1913 BUFORD BLVD.
City-St-Zip: TALLAHASSEE, FL 32308

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: JEAN H. AERTKER

TREA

01/09/2008

Electronic Signature of Signing Officer or Director

Date