

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 06, 2010
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:

AERTKER, JEAN H
646 RIVIERA DRIVE
TAMPA, FL 33606 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: AERTKER, JEAN
Address: 646 RIVIERA DR.
City-St-Zip: TAMPA, FL 33606 US

Title: P
Name: SASLO, CHRIS
Address: 5159 CLUB RD
City-St-Zip: WEST PALM BEACH, FL 33415 US

Title: V
Name: DUBOIS, JANET
Address: 3110 45TH WAY EAST
City-St-Zip: BRADENTON, FL 34203 US

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

Title: S
Name: CASSARINO, DOREEN
Address: 4981 BOXWOOD WAY
City-St-Zip: NAPLES, FL 34116 US

Title: VP
Name: LYNCH, SUSAN
Address: 1385 VOLTAIRE ST
City-St-Zip: DELTONA, FL 32725 US

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: JEAN AERTKER

T

01/06/2010

Electronic Signature of Signing Officer or Director

Date