

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 08, 2011
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:

4981 BOXWOOD WAY
C/O PRESIDENT FNP
NAPLES, FL 34116

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

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

Title: V
Name: RANKIN, FRANCIS
Address: 19602 ANGEL LANE
City-St-Zip: ODESSA, FL 33556 US

Title: MDIR
Name: RIERA, ARMANDO
Address: 2560 SW 22 TERRACE
City-St-Zip: 2560 SW 22 TERRACE, FL 33415

Title: ADMA
Name: POMMER, REGINA
Address: 510 CLARENDON AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: T
Name: ELSWICK, DENISE
Address: 6904 7TH AVE. BLVD. NW
City-St-Zip: BRADENTON, FL 34209

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

VP

01/08/2011

Electronic Signature of Signing Officer or Director

Date