2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005571

FILED Jul 09, 2004 Secretary of State

Entity Name: NURSING SHORTAGE CONSORTIUM OF SOUTH FLORIDA INC.

Current Principal Place of Business: New Principal Place of Business: C/O MIAMI CHILDREN'S HOSPITAL 6125 SW 31 ST MIAMI, FL 33155 **Current Mailing Address: New Mailing Address:** C/O MIAMI CHILDREN'S HOSPITAL 6125 SW 31 ST MIAMI, FL 33155 FEI Number: 20-0065161 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GONZALEZ, JACKIE 3100 SW 62 AVE US MIAMI, FL 33155 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition ADAMS, JANIE ADAMS, JANIE Name: Name: C/O MIAMI CHILDREN'S HOSPITAL Address: 4725 N FEDERAL HWY Address: City-St-Zip: MIAMI, FL 33155 City-St-Zip: FT LAUDERDALE, FL 33308 Title: () Delete Title: (X) Change () Addition MASS, JANE Name: MASS, JANE Name: Address: C/O MIAMI CHILDREN'S HOSPITAL Address: 1611 NW 12 AVE (WEST WING 118) City-St-Zip: MIAMI, FL 33155 City-St-Zip: MIAMI, FL 33136 Title: () Delete Title: (X) Change () Addition ARONOVITZ, FRAN Name: ARONOVITZ, FRAN Name: C/O MIAMI CHILDREN'S HOSPITAL Address: Address: 950 NW 20 ST City-St-Zip: MIAMI, FL 33155 City-St-Zip: MIAMI, FL 331274693 Title: () Delete Title: (X) Change () Addition MONROE, CYNTHIA Name: Name: GONZALEZ, JACQUELINE C/O MIAMI CHILDREN'S HOSPITAL 6125 SW 31 ST Address: Address: City-St-Zip: MIAMI, FL 33155 City-St-Zip: MIAMI, FL 33155 Title: () Delete Title: (X) Change () Addition FERNANDEZ, TERESA FERNANDEZ, TERESA Name: Name: C/O MIAMI CHILDREN'S HOSPITAL 11750 BIRD ROAD Address: Address: City-St-Zip: MIAMI, FL 33155 City-St-Zip: MIAMI, FL 331753530 Title: () Delete Title: (X) Change () Addition NOGUERAS, JANE NOGUERAS, DEBBIE Name: Name: Address: C/O MIAMI CHILDREN'S HOSPITAL Address: 11300 NE 2 AVE MIAMI, FL 33155 MIAMI SHORES, FL 33161 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JACQUELINE GONZALEZ DIR 07/09/2004