

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005571

FILED
Mar 11, 2007
Secretary of State

Entity Name: NURSING SHORTAGE CONSORTIUM OF SOUTH FLORIDA INC.

Current Principal Place of Business:

5751 SW 58TH COURT
SOUTH MIAMI, FL 331432349

New Principal Place of Business:

Current Mailing Address:

5751 SW 58TH COURT
SOUTH MIAMI, FL 331432349

New Mailing Address:

FEI Number: 20-0065161

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DISTRITO, CLAUDIA
5751 SW 58TH COURT
SOUTH MIAMI, FL 331432349 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: P () Delete
Name: DISTRITO, CLAUDIA
Address: 2750 COACOOCHIEE STREET
City-St-Zip: MIAMI, FL 33133

Title: PE () Delete
Name: STRADI, SILVIA
Address: 14534 85TH ROAD NORTH
City-St-Zip: LOXAHATCHEE, FL 33470

Title: S () Delete
Name: MCSWAIN, GLORIA
Address: 1460 NW 174TH STREET
City-St-Zip: MIAMI, FL 33169

Title: T () Delete
Name: QUINTERO, LISA
Address: 33 NE 89TH STREET
City-St-Zip: MIAMI, FL 33138

Title: D () Delete
Name: MORLOTE, EVELYN G
Address: 16374 SW 63RD TERRACE
City-St-Zip: MIAMI, FL 331935578

Title: D () Delete
Name: PETIT, ROBIN
Address: 1521 NE 16TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 333044850

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: () 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: RAFAEL EGUES JR

MR.

03/11/2007

Electronic Signature of Signing Officer or Director

Date