2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2009
Secretary of State

DOCUMENT# N05000004895

Entity Name: NORTH CENTRAL FLORIDA ADVANCED PRACTICE NURSES, INC.

Current Principal Place of Business:

1726 SW 8TH DR
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

1726 SW 8TH DR
GAINESVILLE, FL 32601

New Mailing Address:

FEI Number: 20-2825502 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

THORKILDSON, MARY C
1726 SW 8TH DR
GAINESVILLE, FL 32601 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: PD ( ) Delete
Name: THORKLIDSON, MARY C
Address: 1726 SW 8TH DR
City-St-Zip: GAINESVILLE, FL 32601

Title: SD ( ) Delete
Name: WAGNER, KARYN
Address: 1726 SW 8TH DR
City-St-Zip: GAINESVILLE, FL 32601

Title: TD ( ) Delete
Name: LAFAYETTE-LUCEY, ANN
Address: 1726 SW 8TH DR
City-St-Zip: GAINESVILLE, FL 32601

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: TURPENING, PAULA
Address: 9331 SW 19TH AVE
City-St-Zip: GAINESVILLE, FL 32607

Title: TD (X) Change ( ) Addition
Name: GIBBONS, BARRY
Address: 3417 SE 30TH PLACE
City-St-Zip: GAINESVILLE, FL 32641

Title: VP ( ) Change (X) Addition
Name: JUNGKLAS, TAMI
Address: 7701 WHITE OAKS RD.
City-St-Zip: ALACHUA, FL 32615

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: MARY C. THORKILDSON PD 05/03/2009

Electronic Signature of Signing Officer or Director — Date