

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000932

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** INTERNATIONAL NURSES FOR HEALTH FOUNDATION, INC

**Current Principal Place of Business:**

12874 SW 54TH STREET  
HOLLYWOOD, FL 33027

**New Principal Place of Business:**

6151 MIRAMAR PKWY SUITE 206  
HOLLYWOOD, FL 33023

**Current Mailing Address:**

PO BOX 278887  
HOLLYWOOD, FL 33027 US

**New Mailing Address:**

**FEI Number:** 98-0473862

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DURAND, NANCY  
12874 SW 50TH COURT  
MIRAMAR, FL 33027 US

**Name and Address of New Registered Agent:**

DURAND, NANCY  
6151 MIRAMAR PKWY SUITE 206  
MIRAMAR, FL 33023 US

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: NANCY DURAND

04/30/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DURAND, NANCY  
Address: 12874 SW 50TH COURT  
City-St-Zip: MIRAMAR, FL 33027

Title: VP ( ) Delete  
Name: LOUINEL ST-ALBORD  
Address: P O BOX 278887  
City-St-Zip: HOLLYWOOD, FL 33027

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: DURAND, NANCY  
Address: 6151 MIRAMAR PKWY SUITE 206  
City-St-Zip: MIRAMAR, FL 33023

Title: VP (X) Change ( ) Addition  
Name: ST-ALBORD, LOUINEL  
Address: 6151 MIRAMAR PKWY SUITE 206  
City-St-Zip: MIRAMAR, FL 33023

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: NANCY DURAND

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date