2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

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Entity Name: NURSE PRACTITIONER COUNCIL OF MIAMI-DADE INC.

Current Principal Place of Business:

6619 S DIXIE HWY #234
MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

6619 S DIXIE HWY #234
MIAMI, FL 33143

New Mailing Address:

FEI Number: 36-4643823 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: LITTLE, DANIEL J ARNP
Address: 6619 S DIXIE HWY #234
City-St-Zip: MIAMI, FL 33143

Title: DVP ( ) Delete
Name: WESSLING, PAMELA ARNP
Address: 6619 S DIXIE HWY #234
City-St-Zip: MIAMI, FL 33143

Title: DS ( ) Delete
Name: WHITE, ELLEN ARNP
Address: 6619 S DIXIE HWY #234
City-St-Zip: MIAMI, FL 33143

Title: DT ( ) Delete
Name: TORRES-BURGOS, MARIA S ARNP
Address: 6619 S DIXIE HWY #234
City-St-Zip: MIAMI, FL 33143

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

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

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: DT (X) Change ( ) Addition
Name: DIPERT-SCOTT, SUSAN ARNP
Address: 6619 S DIXIE HWY #234
City-St-Zip: MIAMI, FL 33143

Title: DVP ( ) Change (X) Addition
Name: HENAO, HENRY ARNP
Address: 6619 S DIXIE HWY #234
City-St-Zip: MIAMI, FL 33143

Title: DIR ( ) Change (X) Addition
Name: LAVANDERA, REYNEL ARNP
Address: 6619 S DIXIE HWY #234
City-St-Zip: MIAMI, FL 33143

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: DANIEL J. LITTLE, ARNP PD 04/30/2009

Electronic Signature of Signing Officer or Director — Date