

2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000010477

FILED
Jan 31, 2012
Secretary of State

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:

12555 BISCAYNE BOULEVARD
SUITE 432
NORTH MIAMI, FL 33181 US

Current Mailing Address:

6619 S DIXIE HWY #234
MIAMI, FL 33143

New Mailing Address:

12555 BISCAYNE BOULEVARD
SUITE 432
NORTH MIAMI, FL 33181

FEI Number: 36-4643823

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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:

SAMUEL SPENCER BLUM, PA
2666 TIGERTAIL AVENUE
SUITE 106
MIAMI, FL 33133 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: SAMUEL SPENCER BLUM, ESQ.

01/31/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: LITTLE, DANIEL J ARNP
Address: 12555 BISCAYNE BOULEVARD # 432
City-St-Zip: NORTH MIAMI, FL 33181

Title: V
Name: HENAO, HENRY ARNP
Address: 12555 BISCAYNE BOULEVARD
City-St-Zip: NORTH MIAMI, FL 33181

Title: T
Name: LAVANDARA, REYNEL ARNP
Address: 12555 BISCAYNE BOULEVARD
City-St-Zip: NORTH MIAMI, FL 33181

I hereby 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 all other like empowered.

SIGNATURE: DANIEL JAMES LITTLE, PHD, ARNP

P

01/31/2012

Electronic Signature of Signing Officer or Director

Date