

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000004894

FILED
Apr 23, 2011
Secretary of State

Entity Name: ASSOCIATION OF NURSE PRACTITIONERS IN BUSINESS, INC.

Current Principal Place of Business:

11018 N. DALE MABRY HWY, SUITE 401
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

11018 N. DALE MABRY HWY, SUITE 401
TAMPA, FL 33618

New Mailing Address:

FEI Number: 30-0630021

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SADLER, GAIL M
9756 62ND AVENUE N
ST. PETERSBURG, FL 33708 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: PCEO
Name: SADLER, GAIL M
Address: 9756 62ND AVENUE N ST
City-St-Zip: ST. PETERSBURG, FL 33708

Title: VP
Name: MERRITT, JEANNE
Address: 4902 OAKSHIRE DRIVE
City-St-Zip: TAMPA, FL 33625

Title: S
Name: AERTKER, JEAN
Address: 646 RIVIERA DRIVE
City-St-Zip: TAMPA, FL 33606

Title: T
Name: DOLINKY, ADRIENNE
Address: 19 OLD KINGS ROAD N., SUITE C
City-St-Zip: PALM COAST, FL 32137

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: GAIL M SADLER

PCEO

04/23/2011

Electronic Signature of Signing Officer or Director

Date