

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2002 8:00 am
Secretary of State

02-15-2002 90019 046 ****70.00

DOCUMENT # N44388

1. Entity Name

NATIONAL NETWORK OF HEALTH CAREER PROGRAMS IN TWO-YEAR COLLEGES, INC.

Principal Place of Business

Mailing Address

**950 NW 20TH STREET
 MIAMI FL 33127
 US**

**950 NW 20TH STREET
 MIAMI FL 33127
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3079411

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILLER, CAROL
 950 NW 20TH STREET
 MIAMI FL 33127**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **POINTS, DAN**
 CITY-ST-ZIP **6420 SE 15TH
 OKLAHOMA CITY OK 73134**

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **Jones, Barbara**
 CITY-ST-ZIP **2719 Airline Drive
 Bossier City, LA 71111**

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **BOAN, RICHARD T**
 CITY-ST-ZIP **PO BOX 2048 N/A
 COLUMBIA SC**

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **Lampignano, John**
 CITY-ST-ZIP **526 W Summit Place
 Chandler, AZ 85225**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **VALAND, STEVE**
 CITY-ST-ZIP **GREEVILLE TECHNICAL COLLEGE
 GREEVILLE SC**

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **Majewski, Theresa**
 CITY-ST-ZIP **7201 Rossville Blvd.
 Baltimore, MD 21237**

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **SIDLOWSKI, JULIAN J PHD**
 CITY-ST-ZIP **11400 ROBINWOOD DR
 HAGERSTOWN MD 21742**

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **Miller, Carol**
 CITY-ST-ZIP **950 N.W. 20th Street
 Miami, FL 33127-4693**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MAUER, SUSAN**
 CITY-ST-ZIP **W BRADLEY AVE
 CHAMPAIGN IL 61821**

TITLE ☐ Change ☒ Addition
 NAME **T**
 STREET ADDRESS **Miller, Jolene**
 CITY-ST-ZIP **P.O. Box 6299
 Lafayette, IN 47903-6299**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MCPHERSON, LACHEETA**
 CITY-ST-ZIP **MAIN AND LAMAR
 DALLAS TX 75202**

TITLE ☒ Change ☐ Addition
 NAME **P**
 STREET ADDRESS **Valand, Steve**
 CITY-ST-ZIP **P.O. Box 5616
 Greenville, SC 29606-5616**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/02 (84)250-8263

CR2E037 (9/01)

Attachment 1

Continued Changes to Officers and Directors

N443 88
406 95 4

CHANGES:

VP
McPherson, LaCheeta
Main & Lamar
Dallas, TX 75202

S
Maurer, Susan
W. Bradley Avenue
Champaign, IL 61821