

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44388

FILED  
Jan 27, 2005  
Secretary of State

**Entity Name:** NATIONAL NETWORK OF HEALTH CAREER PROGRAMS IN TWO-YEAR COLLEGES, INC.

**Current Principal Place of Business:**

950 NW 20TH STREET  
MIAMI, FL 33127 US

**New Principal Place of Business:**

**Current Mailing Address:**

950 NW 20TH STREET  
MIAMI, FL 33127 US

**New Mailing Address:**

**FEI Number:** 59-3079411

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MILLER, CAROL J DR  
950 NW 20TH STREET  
MIAMI, FL 33127 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: D ( ) Delete  
Name: POINTS, DAN R MR  
Address: 6420 SE 15TH  
City-St-Zip: OKLAHOMA CITY, OK 73134

Title: D ( ) Delete  
Name: MILLER, CAROL J DR  
Address: 950 NW 20TH ST.  
City-St-Zip: MIAMI, FL 33127

Title: D ( ) Delete  
Name: VALAND, STEVE B MR  
Address: P.O BOX 5616  
City-St-Zip: GREENVILLE, SC 296065616

Title: D ( ) Delete  
Name: BLUME, WENDY DR  
Address: PO BOX 200-COLLEGE DRIVE  
City-St-Zip: BLACKWOOD, NJ 08012

Title: D ( ) Delete  
Name: LANG, JANELL DR  
Address: P.O. BOX 10,000  
City-St-Zip: TOLEDO, OH 43699

Title: O ( ) Delete  
Name: MCPHERSON, LACHEETA DR  
Address: MAIN AND LAMAR  
City-St-Zip: DALLAS, TX 75202

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

Title: D (X) Change ( ) Addition  
Name: KILMER, JUDY MS  
Address: 900 W. ORMAN AVE.  
City-St-Zip: PUEBLO, CO 81004 US

Title: D (X) Change ( ) Addition  
Name: MILLER, CAROL J DR  
Address: 950 NW 20TH ST.  
City-St-Zip: MIAMI, FL 33127 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: RIEHL, GRETCHEN DR.  
Address: MAIN & LAMAR  
City-St-Zip: DALLAS, TX 75202 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: O (X) Change ( ) Addition  
Name: JONES, BARBARA R DR  
Address: 1201 BAYOU DRIVE  
City-St-Zip: MONROE, LA 71203 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DR. BARBARA R. JONES

O

01/27/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date