

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **N44388**



1. Entity Name
**NATIONAL NETWORK OF HEALTH CAREER PROGRAMS IN TW
O-YEAR COLLEGES, INC.**

**FILED
Feb 17, 2003 8:00 am
Secretary of State**

02-17-2003 90167 030 ****61.25

Principal Place of Business
**950 NW 20TH STREET
MIAMI FL 33127
US**

Mailing Address
**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

4. FEI Number **59-3079411**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

Name

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **CAROL MILLER**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **2/13/03**

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

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

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

CR2E037 (10/02)

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

MILLER, JOLENE Change Addition
P.O. BOX 6299
LAFAYETTE, IN. 47903-6299

TITLE **D** Delete
NAME **JONES, BARBARA**
STREET ADDRESS **2719 AIRLINE DRIVE**
CITY-ST-ZIP **BOSSIER CITY LA 71111**

MILLER, CAROL Change Addition
950 NW 20TH ST.
MIAMI, FL 33127

TITLE **P.O.** Delete
NAME **VALAND, STEVE**
STREET ADDRESS **P.O. BOX 5816**
CITY-ST-ZIP **GREENVILLE SC 29606-5816**

MAJEWSKI, THEREZA Change Addition
7201 ROSSVILLE BLVD.
BALTIMORE, MD 21156

TITLE **D** Delete
NAME **LAMPIGNANO, JOHN**
STREET ADDRESS **526 W. SUMMIT PLACE**
CITY-ST-ZIP **CHANDLER AZ 85225**

BERMAN, LOU ANN Change Addition
P.O. BOX 9020
TYLER, TX 75711

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

LOOCHTAN, ANN Change Addition
550 E. SPRING ST.
COLUMBUS, OH 43216-1609

TITLE **P** Delete
NAME **MCPEHSON, LACHEETA**
STREET ADDRESS **MAIN AND LAMAR**
CITY-ST-ZIP **DALLAS TX 75202**

Change Addition

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: *Carol Miller*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/03 705-772-9204

Date

Daytime Phone #