

# **2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N44422

**FILED**  
**Jun 06, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA LEAGUE FOR NURSING, INC.

**Current Principal Place of Business:**

P. O. BOX 536985  
ORLANDO, FL 328536985 US

**New Principal Place of Business:**

6850 NW 2ND AVENUE  
#28  
BOCA RATON, FL 33487 US

**Current Mailing Address:**

3035 LAKEWOOD DRIVE  
WESTON, FL 33332 US

**New Mailing Address:**

6850 NW 2ND AVENUE  
#28  
BOCA RATON, FL 33487 US

**FEI Number:** 59-3077137

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

AGUILAR-FIGULY, VIOLETA  
3035 LAKEWOOD DR  
WESTON, FL 33332 US

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

WIESE, LISA  
6850 NW 2ND AVENUE  
#28  
BOCA RATON, FL 33487 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: LISA ANN WIESE

06/06/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: BASSELL, KELLIE  
Address: 15500 STAPLETON WAY  
City-St-Zip: WELLINGTON, FL 33414

Title: PE  
Name: BRADHAM, DEBORAH  
Address: 10990 LYDIA ESTATES DRIVE EAST  
City-St-Zip: JACKSONVILLE, FL 33487

Title: TRES  
Name: WIESE, LISA  
Address: 6850 NW 2ND AVENUE, #28  
City-St-Zip: BOCA RATON, FL 33487

Title: SEC  
Name: ALVAREZ, RUBY  
Address: 6596 S. GOLDENROD ROAD  
City-St-Zip: ORLANDO, FL

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: LISA ANN WIESE

TREA

06/06/2011

Electronic Signature of Signing Officer or Director

Date