

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000000445 (7)

1. Corporation Name

THE SCHOOL FOR NURSE ANESTHETISTS, INC.



Principal Place of Business

**4300 ALTON RD
MIAMI BEACH FL 33140**

Mailing Address

**801 ARTHUR GODFREY ROAD
SUITE 400
MIAMI FL 33140
US**

3. Date Incorporated or Qualified

02/02/1993

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0388374

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒

Yes ☐ No

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23

City & State

City & State

24

Zip

Country

29

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOYA, FRANK
4300 ALTON RD
MIAMI BEACH FL 33140**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when not resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DPVS
MOYA, FRANK M.D.**
STREET ADDRESS **801 ARTHUR GODFREY RD STE 400**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **D
MCNULTY, JOAN**
STREET ADDRESS **801 ARTHUR GODFREY RD. SUITE 400**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **D
FERNANDEZ-MOYA, ELIZABETH**
STREET ADDRESS **801 ARTHUR GODFREY ROAD, SUITE 400**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **D
BELL-CLARKE, GWYNETH**
STREET ADDRESS **801 ARTHUR GODFREY ROAD, SUITE 400**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

Frank Moya, M.D.

3/12/96

(305) 673-4357

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)