

DOCUMENT # N97000000576

1. Entity Name

ASSOCIATION FOR NURSING ADVANCEMENT, INC.

Principal Place of Business

10252 NORTHWEST 47TH STREET
SUNRISE FL 33351

Mailing Address

10252 NORTHWEST 47TH STREET
SUNRISE FL 33351-7967

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Jan 10, 00

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

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PSTD
NEWMAN, DONNA R
10252 NORTHWEST 47TH STREET
SUNRISE FL 33351

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
NEWMAN, PHIL J
10252 NORTHWEST 47TH STREET
SUNRISE FL 33351

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
STARK, HAROLD
10252 NORTHWEST 47TH STREET
SUNRISE FL 33351

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Change ☐ Addition

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CITY - ST - ZIP

☐ 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:

Donna R. Newman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JAN 10, 00
931-6000

CR2E037 (9/99)