

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000202

1. Entity Name  
PUBLIC HEALTH NURSING LEADERSHIP: C.A.S.E., INC.

FILED  
01 APR 20 PM 2:37  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



Principal Place of Business Mailing Address  
DEPT OF HEALTH/PERFORMANCE IMPROVEMENT DEPT OF HEALTH/PERFORMANCE IMPROVEMENT  
2020 CAPITAL CIRCLE S.E., BIN C-24 2020 CAPITAL CIRCLE S.E., BIN C-24  
TALLAHASSEE FL 32399-1711 TALLAHASSEE FL 32399-1711

2. Principal Place of Business 3. Mailing Address  
*Dept. Health / Performance Improvement* *Dept. Health / Performance Improvement*  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
*4052 Bald Cypress Way, BIN C-24* *4052 Bald Cypress Way, BIN C-24*

DO NOT WRITE IN THIS SPACE  
*3/22/01 90035 037-61.25*

City & State City & State 4. FEI Number Applied For  
*Tallahassee, FL* *Tallahassee, FL* *69-3503170* Not Applicable  
Zip Country Zip Country 5. Certificate of Status Desired  \$8.75 Additional Fee Required  
*32399-1711 Leon* *32399-1711 Leon*

6. Name and Address of Current Registered Agent  
DETTIS, JOHNNA  
4126 STAG RUN COURT  
TALLAHASSEE FL 32311

7. Name and Address of New Registered Agent  
Name *Faye Alexander*  
Street Address (P.O. Box Number is Not Acceptable)  
*2313 A Via Sardinia St.*  
City *Tallahassee* Zip Code *32303*

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 *Faye Alexander* DATE *3/22/01*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOBBINS, PATRICIA RNMS 325 PRATT BLVD. LABELLE FL 33935	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HILL, DEBORAH 2421 SW 6TH AVE FORT LAUDERDALE FL 33315	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DETTIS, JOHNNA 4126 STAG RUN COURT TALLAHASSEE FL 32311	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Margaret Ann Awad - President</i> <i>5412 Oakdale St.</i> <i>Tallahassee, FL 32312</i> <i>Director (PD)</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Steve Mason - Vice President</i> <i>1015 Watson St.</i> <i>Key West, FL 33040</i> <i>Director (VD)</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Faye Alexander - Treasurer</i> <i>2313 A Via Sardinia St.</i> <i>Tallahassee, FL 32303</i> <i>(Director) (TD)</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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.  
Corrected Report  
SIGNATURE: *Faye Alexander* DATE: *4/20/01*  
*Faye Alexander* DATE: *3/22/01* (850) 245-4435

CR 0507 (10/00)