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

FILED Jun 25, 2002 8:00 am Secretary of State

DOCUMENT # M 98 0000000000000000000000000000000000				06-25-2002 90452 021 ****70.00			
1. Entity Name	$C \wedge C \wedge$		~				
Public Health Nursing Leade	rsnip, Citi.s.E	in Inc.					
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The state of the s				•			
DO NOT WRITE	IN THIS SP	PACE	Action (September 1997)				
		region of the second				B)1257	130
2. Principal Place of Bysiness	3. Mailing Address	Man man and which are not to work	AVECUAL COST AND			A GIAO	, •
Suite, Apr. #, etc.	PMB ± 475 Suite, Apt. ★ etc.	<u> </u>			DO NOT WRITE	HALTHIE COAC	c
4051 Bald Cypress Way, Bin C-24	1699 Apalac	hee VKY.			DO NOT WRITE		<u>-</u>
Tallahassee FL	City & State 1	FL.	4	4. FEI Number	9-3503	2170	Applied For Not Applicable
Zip Country	Zip	Country		5. Certificate of St		₩ \$8.7	5 Additional
32399-1711 U.S.A.	32301	Leon		Name and Addre			Required
		Name	<u> </u>	-/) - /		agisterau Agei	<u> </u>
DO NOT WRITE				NCY KedFern - Vance s (PD, Box Number is Not Acceptable)			
IN THIS SP			2781	6 Blaics	one Ct.		
	ACL:	13 F 1344					
		City -	Tallah	assee		FL Z	ip Code 22301
8. The above named entity submits this statement for	the purpose of changing its r	egistered office or	r registered	agent. or both, in	the state of Floric	ia.	
SIGNATURE JANCY COLOR	en- lance	 			•		•
Signature, typed of prifted name of registered affect on	id tide if applicable. (NOTE:	Registered Agent signati	ure required whe	en reinstatling)		DATE	•
FEE IS \$61:25	9 Floring Com	onion Cinemaian				2.6-0	CRACKE
Initial or Amended UBR	9. Election Cam Trust Fund Co		☐ \$5 Add	5.00 May Be ided to Fees		Check Pay partment of	
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10. OFFICERS AND DIRE	CTORS		Office and the				
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Doris Putman, APUP, Doris Putman, APUP, Dural Co. Health Dept. Tacksonville FL 3.	515 W. 6th St.	STREET ADDRESS				Charles and	
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NAME Vice President - D	****	TITLE AND	Televolo National	en la proposición de la compacto de La compacto de la co		W. 1	
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CITY-ST-ZIP BAKET Co. Health Dept. 480 W. Lowder St. 1	Mocclemay FL	CITY: ST. ZIP					
Secretary - D	O_1	WITH LEWY TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE TOTAL TO TH	ing the	orginal (s)	note facility	137 LW	A Section
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STREET ADDRESS 4052 Bald Cypress Way	r, Bin C-24	STREET ADDRESS					
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NAME CONNIC THATP, RU., M.S.	,	TITLE NAME	14.2.2.14	60000000		August 1	2012
STREET ADDRESS Clay Co. Health Deat . DI	2. Box 578	STREET ADDRESS		Salar Salar	a de la companya dela companya dela companya dela companya de la companya de la companya de la companya dela companya de la companya dela compan	and the same	
CITY-ST-ZIP Green Cove Springs, F	L 32043-0578	CITY-ST-ZIP		the second			127 14 14 14 14 14 14 14 14 14 14 14 14 14
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STREET ADDRESS	-	NAME STREET ADDRESS		T. T. HAMBER			
CITY-ST-ZIP		CITY-ST-ZIP			HADE MENERAL	esta establish	独立ない。
 I hereby certify that the information supplied with the indicated on this report or supplemental report is to 	is filling does not qualify for th	e exemption state	d in Section	119.07(3)(i), Flori	da Statutes. I fun	ther certify that	the information
of the corporation or the receiver or trustee empow attachment with an address, with all other like empor	rered to execute this report a	is required by Cha	ve me samë apter 617, Fl	e legal effect as if i Torida Statutes: ar	made under oath nd that my name	; that I am an ol appears in Blo	ficer or director ck 10 or on an
Nancy Redfer	n-Vance V	Z. 1/	.1	Vance			
SIGNATURE	- y,	UNIVI (IN SCO.II)	MILL	UKVVV /	a-1.3-/17	コンくりょう	115-114.07