

# 2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # N99000005037

1. Entity Name

SCHOOL NURSE PARTNERSHIP, INC.

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90047 030 \*\*\*\*70.00

Principal Place of Business POST OFFICE BOX 770542 CORAL SPRINGS FL 33077	Mailing Address POST OFFICE BOX 770542 CORAL SPRINGS FL 33077-0542
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 65-0945431	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  BOYCE, SUSAN 1382 N.W. 104TH AVENUE CORAL SPRINGS FL 33071
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1362 NW 104th Drive City FL Zip Code
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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 <u>Susan Boyce</u> 3-23-00 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>
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FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAUGHTERY, RANDY 8205 S.W. 13TH STREET N. LAUDERDALE FL 33068 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP (D) LAMBDIN, CATHERINE 7560 N.W. 21ST COURT MARGATE FL 33063 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BRITT, MARY 4971 N.W. 102ND DRIVE CORAL SPRINGS FL 33076 <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
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	P (D) DAUGHTERY, RANDY 8205 SW 13 STREET N. LAUDERDALE, FL 33068 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <small>name misspelled</small>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER (D) BRITT, MARY 4971 NW 102 DRIVE CORAL SPRINGS, FL 33076 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY (D) BERRY, DIERDRE 3770 NW 109th Ave Coral Springs, FL 33065 <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

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: <u>RANDY DAUGHTERY</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	3-23-00 (954-255-3454) <small>Date Daytime Phone #</small>



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SCHOOL NURSE PARTNERSHIP, INC.  
BOARD OF DIRECTORS

(D) Randy Daugherty, RN 8205 SW 13th Street North Lauderdale, Fl 33068	President 954-726-1720
(D) Cathy Lambdin 7560 NW 21st Court Margate, Fl 33063	Vice President 954-973-6131
(D) Mary Britt 4971 NW 102nd Drive Coral Springs, Fl 33076	Treasurer 954-755-4905
(D) Deirdre Berry 3770 NW 109th Avenue Coral Springs, Fl 33065	Secretary 954-344-1440
(D) Joel Cheresnick, MD 700 Riverside Drive Coral Springs, Fl 33071	Board member 954-753-7870
(D) Kenneth L. Kronberg, MD 700 Riverside Drive Coral Springs, Fl 33071	Board member 954-753-7870
(D) Jennifer Y. Liang, MD 700 Riverside Drive Coral Springs, Fl 33071	Board member 954-753-7870
(D) Diane R. Paley, CPA 9843 NW 18th Street Coral Springs, Fl 33071	Board member 954-255-7840
(D) Roberta Randel, Audiologist 2825 N. State Road 7 Margate, Fl 33063	Board member 954-971-0071
(D) Patty Tyrie, RN 6523 NW 80th Drive Parkland, Fl 33067	Board member 954-752-4540



DATE RECEIVED

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SCHOOL NURSE PARTNERSHIP, INC.  
BOARD OF DIRECTORS

- |     |  |                                  |
|-----|--|----------------------------------|
| (D) | Lori R. Storfer, MS-CCC-SLP<br>1140 NW 105th Way<br>Plantation, Fl 33322                             | Board member<br><br>954-452-9284 |
| (D) | Mark Webman, MD<br>6601 SW 80th Street<br>Miami, Fl 33143  | Board member<br><br>305-666-2068 |
| (D) | Steve Werthman, Broward County Homeless Coordinator<br>1544 Jefferson St., #4<br>Hollywood, Fl 33020 | Board member<br><br>954-357-6167 |

