

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005037

FILED  
Apr 19, 2009  
Secretary of State

Entity Name: NATIONAL SCHOOL NURSE PARTNERSHIP, INC.

## Current Principal Place of Business:

5447 NW 44TH WAY  
COCONUT CREEK, FL 33073

## New Principal Place of Business:

290 SE 10TH STREET  
POMPANO BEACH, FL 33060

## Current Mailing Address:

5447 NW 44TH WAY  
COCONUT CREEK, FL 33073

## New Mailing Address:

290 SE 10TH STREET  
POMPANO BEACH, FL 33060

FEI Number: 65-0945431

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BOYCE, SUSAN  
5447 NW 44TH WAY  
COCONUT CREEK, FL 33073 US

## Name and Address of New Registered Agent:

LAMBDIN, CATHERINE  
210 SE 10TH STREET  
POMPANO BEACH, FL 33060 US

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: CATHERINE LAMBDIN

04/19/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: DAUGHERTY, RANDY RN  
Address: 8205 S.W. 13TH STREET  
City-St-Zip: N. LAUDERDALE, FL 33068

Title: TDSD ( ) Delete  
Name: LAMBDIN, CATHERINE  
Address: 290 SE 10TH STREET  
City-St-Zip: POMPANO BEACH, FL 33060

Title: VD ( ) Delete  
Name: BERRY, DEIRDRE  
Address: 3770 NW 109TH AVE.  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D ( ) Delete  
Name: FRITTS, MARY KAY ARNP  
Address: 10289 NW 52 STREET  
City-St-Zip: CORAL SPRINGS, FL 33076

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHERINE LAMBDIN

TDSD

04/19/2009

Electronic Signature of Signing Officer or Director

Date