

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000005037

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** NATIONAL SCHOOL NURSE PARTNERSHIP, INC.

**Current Principal Place of Business:**

290 SE 10TH STREET  
POMPANO BEACH, FL 33060

**New Principal Place of Business:**

**Current Mailing Address:**

290 SE 10TH STREET  
POMPANO BEACH, FL 33060

**New Mailing Address:**

**FEI Number:** 65-0945431

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: RANDY DAUGHERTY

PD

04/26/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date