

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90322 043 ****70.00

DOCUMENT # N99000005037

1. Entity Name
SCHOOL NURSE PARTNERSHIP, INC.



Principal Place of Business
**623 A E. ATLANTIC BLVD
POMPANO BEACH FL 33060**

Mailing Address
**POST OFFICE BOX 6111
POMPANO BEACH FL 33060**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0945431**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOYCE, SUSAN
1362 N.W. 104TH DRIVE
CORAL SPRINGS FL 33071**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAUGHERTY, RANDY 8205 S.W. 13TH STREET N. LAUDERDALE FL 33068	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LAMBDIN, CATHERINE 7560 N.W. 21ST COURT MARGATE FL 33063	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDTD BERRY, DIERDRE 3770 NW 109TH AVE. CORAL SPRINGS FL 33065	<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

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDTD LAMBDIN, CATHERINE 7560 NW 21st COURT Margate, FL 33063	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BERRY, DIERDRE 3770 NW 109th Ave Coral Springs, FL 33065	<input checked="" 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
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: **C. SIGNATURE REQUIRED**

4/22/03 954/973-6131

CR2E037 (10/02)

ATTACHMENT



80099808
N99000005037

**School Nurse Partnership, Inc.
Board Members**

- | | | | |
|---|---|---|---|
| D | Nirit Swerdloff, MD
5012 Chardonnay Dr.
Coral Springs, FL 33067 | D | Patty Tyrie, RN
6523 NW 80th Drive
Parkland, FL 33067 |
| D | Diane R. Paley, CPA
9843 NW 18th Street
Coral Springs, FL 33071 | D | Joyce Brownlee, ARNP
599 S. Federal Highway
Dania, FL 33004 |
| D | Diane Adreon, Assoc. Director
UM-CARD
Center for Autism and Related Disorders
1500 Monza Avenue
Coral Gables, FL 33146-3004 | D | Hon. Scott J. Brook, MBA
Attorney at Law
3200 N. University Dr. Suite 208
Coral Springs, FL 33065 |
| D | Vince Boccard
Boccard Builders
9604 NW 36th Manor
Coral Springs, FL 33065 | D | Mari Bacon, District Director
American Diabetes Association
P.O. Box 771436
Coral Springs, FL 33071 |
| D | Jill Smothermon
American Red Cross
521 NE 4th Avenue
Ft. Lauderdale, FL 33301 | D | Nancy Snell, Prevention & Ed. Director
Epilepsy Foundation of South Florida
512 NE 3rd Avenue
Ft. Lauderdale, FL 33301 |
| D | Hon. Judge Frank Orlando
3305 College Avenue
Davie, FL | D | Elizabeth Donovan
American Heart Association
1751 W. Cypress Creek Rd.
Ft. Lauderdale, FL 33309 |
| D | Roberta Randel, Audiologist
2825 N. State Rd. 7 Suite 303
Margate, FL 33063 | D | Steven Iskowitz, MD
2825 N. State Rd. 7 Suite 305
Margate, FL 33063 |
| D | Lori R. Storfer, MS-CCC-SLP
1140 NW 105th Way
Plantation, FL 33322 | D | Lauri Stewart or Paula Etline
American Lung Association
2020 S. Andrews Avenue
Ft. Lauderdale, FL 33316 |
| D | Georgia Modreck, Exective Dir.
Health Mothers Healthy Babies
P.O. Box 030367
Ft. Lauderdale, FL 33303 | D | Kimberly Burgess, Coordinator
Swim Central
950 NW 38th Street
Oakland Park, FL 33309 |
| D | John C. Cooper, LMHC
Director of Clinical Services
Broward Partnership of the Homeless, Inc.
920 NW 7th Avenue
Ft. Lauderdale, FL 33311 | D | Ellyn S. Okrent, VP Program Operator
Kids in Distress
819 Northeast 26th Street
Ft. Lauderdale, FL 33303 |