

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N99000006441**

1. Entity Name

**NORMAN R. WOLFORD SCHOOL OF NURSE ANESTHESIA, IN****FILED****May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90104 022 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**4949 TAMiami TrL North Suite 206  
NAPLES FL 34103****4949 TAMiami TrL North Suite 206  
NAPLES FL 34103-3017**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **59-3621667**

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

**NAPLES-LAWDOCK, INC.  
4501 TAMiami TrL North Suite 300  
NAPLES FL 34103**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(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  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **COOK, THOMAS L MD**  
STREET ADDRESS **4949 TAMiami TrL North**  
CITY-ST-ZIP **NAPLES FL 34103**TITLE **P** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **FRIEDMAN, STEPHEN MD**  
STREET ADDRESS **4949 TAMiami TrL North**  
CITY-ST-ZIP **NAPLES FL 34103**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **JOSEPH, DOUGLAS A MD**  
STREET ADDRESS **4949 TAMiami TrL North**  
CITY-ST-ZIP **NAPLES FL 34103**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **MORTON, EDWARD A**  
STREET ADDRESS **PO BOX 413029**  
CITY-ST-ZIP **NAPLES FL 34101-3029**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **NOLAN, JOHN F MD**  
STREET ADDRESS **4949 TAMiami TrL North**  
CITY-ST-ZIP **NAPLES FL 34103**TITLE **S** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **SAUNDERS, BURT L**  
STREET ADDRESS **801 LAUREL OAK DR**  
CITY-ST-ZIP **NAPLES FL 34108**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Sydney M. Waterhouse*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-26-00

Date

(941) 261-1158

Daytime Phone #

CR2E037 (9/99)