

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006441

FILED
Apr 01, 2005
Secretary of State

Entity Name: NORMAN R. WOLFORD SCHOOL OF NURSE ANESTHESIA, INC.

Current Principal Place of Business:

4949 TAMIAMI TRL NORTH SUITE 206
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

4949 TAMIAMI TRL NORTH SUITE 206
NAPLES, FL 34103

New Mailing Address:

FEI Number: 59-3621667

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATERHOUSE, LYNDA
4949 TAMIAMI TRAIL N, SUITE 206
3
NAPLES, FL 34103 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: DP () Delete
Name: COOK, THOMAS L MD
Address: 4949 TAMIAMI TRL NORTH
City-St-Zip: NAPLES, FL 34103

Title: T () Delete
Name: WATERHOUSE, LYNDA
Address: 4949 TAMIAMI TRAIL N #206
City-St-Zip: NAPLES, FL 34103

Title: VP () Delete
Name: STATFELD, ROBERT
Address: 4949 TAMIAMI TRAIL N #206
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: MANGAR, DEVIN
Address: 4949 TAMIAMI TRAIL N #206
City-St-Zip: NAPLES, FL 34103

Title: DS (X) Delete
Name: NOLAN, JOHN F MD
Address: 4949 TAMIAMI TRL NORTH
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: SAUNDERS, BURT L
Address: 801 LAUREL OAK DR
City-St-Zip: NAPLES, FL 34108

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:

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 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 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: LYNDA M. WATERHOUSE

DT

04/01/2005

Electronic Signature of Signing Officer or Director

Date