

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006441

FILED  
May 01, 2007  
Secretary of State

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

**Current Principal Place of Business:**

4933 TAMiami TRL NORTH SUITE 201  
NAPLES, FL 34103

**New Principal Place of Business:**

**Current Mailing Address:**  
4933 TAMiami TRL NORTH SUITE 201  
NAPLES, FL 34103

**New Mailing Address:**

FEI Number: 59-3621667      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

WATERHOUSE, LYNDA  
4949 TAMiami TRAIL N, SUITE 206  
3  
NAPLES, FL 34103 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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WOLFORD, NORMAN R  
Address: 4933 TAMiami TRAIL N, STE 201  
City-St-Zip: NAPLES, FL 34103

Title: S/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: LOMBARDI, CHRIS  
Address: 4933 TAMiami TRAIL N #201  
City-St-Zip: NAPLES, FL 34103

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

Title: D ( ) Delete  
Name: JANYJA, DANIEL  
Address: 4949 TAMiami TRAIL N, STE 206  
City-St-Zip: NAPLES, FL 34103

**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 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: LYNDA M. WATERHOUSE

S/T

05/01/2007

Electronic Signature of Signing Officer or Director

Date