

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N99000006441

FILED
Nov 13, 2008
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:

1336 CREEKSIDE BOULEVARD
SUITE 2
NAPLES, FL 34108

Current Mailing Address:

4933 TAMiami TrL North Suite 201
NAPLES, FL 34103

New Mailing Address:

1336 CREEKSIDE BOULEVARD
SUITE 1
NAPLES, FL 34108

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:

WATERHOUSE, LYNDA
4949 TAMiami TrAIL N, SUITE 206
3
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

WATERHOUSE, LYNDA
1336 CREEKSIDE BOULEVARD
SUITE 1
NAPLES, FL 34108 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: LYNDA M. WATERHOUSE

11/13/2008

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: C (X) Change () Addition
Name: COOK, THOMAS L
Address: 1336 CREEKSIDE BOULEVARD, STE 2
City-St-Zip: NAPLES, FL 34108

Title: S/T (X) Change () Addition
Name: WATERHOUSE, LYNDA
Address: 1336 CREEKSIDE BOULEVARD, STE 1
City-St-Zip: NAPLES, FL 34108

Title: VP (X) Change () Addition
Name: STATFELD, ROBERT
Address: 1336 CREEKSIDE BOULEVARD, STE 1
City-St-Zip: NAPLES, FL 34108

Title: D (X) Change () Addition
Name: LOMBARDI, CHRIS
Address: 1336 CREEKSIDE BOULEVARD, STE 2
City-St-Zip: NAPLES, FL 34108

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: JANYJA, DANIEL
Address: 1336 CREEKSIDE BOULEVARD, STE 1
City-St-Zip: NAPLES, FL 34108

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

11/13/2008

Electronic Signature of Signing Officer or Director

Date