

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006441

FILED
Apr 30, 2010
Secretary of State

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

Current Principal Place of Business:

1336 CREEKSIDE BOULEVARD
SUITE 2
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

1336 CREEKSIDE BOULEVARD
SUITE 1
NAPLES, FL 34108

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, LYNDIA
1336 CREEKSIDE BOULEVARD
SUITE 1
NAPLES, FL 34108 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: C
Name: COOK, THOMAS L
Address: 1336 CREEKSIDE BOULEVARD, STE 2
City-St-Zip: NAPLES, FL 34108

Title: S/T
Name: WATERHOUSE, LYNDIA
Address: 1336 CREEKSIDE BOULEVARD, STE 1
City-St-Zip: NAPLES, FL 34108

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: LYNDIA WATERHOUSE

S/T

04/30/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date