

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90160 011 \*\*\*\*\*61.25

**DOCUMENT # N99000006441**

1. Entity Name

**NORMAN R. WOLFORD SCHOOL OF NURSE ANESTHESIA, IN C.**



Principal Place of Business

**4949 TAMIAI TRL NORTH SUITE 206  
NAPLES FL 34103**

Mailing Address

**4949 TAMIAI TRL NORTH SUITE 206  
NAPLES FL 34103**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3621667**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**NAPLES-LAWDOCK, INC.  
4501 TAMIAI TRL NORTH SUITE 300  
NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name

**Lynda Waterhouse**

Street Address (P.O. Box Number is Not Acceptable)

**4949 Tamiami Trail N., Suite 206**

**Naples, FL**

City

**FL**

Zip Code

**34103**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Lynda M. Waterhouse*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**04-18-2003**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **CP** ☐ Delete  
NAME **COOK, THOMAS L MD**  
STREET ADDRESS **4949 TAMIAI TRL NORTH**  
CITY-ST-ZIP **NAPLES FL 34103**

TITLE **T** ☐ Delete  
NAME **WATERHOUSE, LYNDA**  
STREET ADDRESS **4949 TAMIAI TRAIL N #206**  
CITY-ST-ZIP **NAPLES FL 34103**

TITLE **VP** ☐ Delete  
NAME **STATFIELD, ROBERT**  
STREET ADDRESS **4949 TAMIAI TRAIL N #206**  
CITY-ST-ZIP **NAPLES FL 34103**

TITLE **D** ☒ Delete  
NAME **MORTON, EDWARD A**  
STREET ADDRESS **PO BOX 413029**  
CITY-ST-ZIP **NAPLES FL 34101-3029**

TITLE **DS** ☐ Delete  
NAME **NOLAN, JOHN F MD**  
STREET ADDRESS **4949 TAMIAI TRL NORTH**  
CITY-ST-ZIP **NAPLES FL 34103**

TITLE **D** ☐ Delete  
NAME **SAUNDERS, BURT L**  
STREET ADDRESS **801 LAUREL OAK DR**  
CITY-ST-ZIP **NAPLES FL 34108**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **STATFIELD, ROBERT**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **D**  
STREET ADDRESS **MANGAR, DEVIN**  
CITY-ST-ZIP **4949 TAMIAI TRAIL N #206  
NAPLES FL 34103**

TITLE ☐ Change ☒ Addition  
NAME **D**  
STREET ADDRESS **NOLAN, MICHAEL R.**  
CITY-ST-ZIP **4949 TAMIAI TRAIL N #206  
NAPLES FL 34103**

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:

*Lynda M. Waterhouse* **RED**

**04-18-2003**

CR2E037 (10/02)