

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007287

FILED
Apr 27, 2007
Secretary of State

Entity Name: DLC NURSE & LEARN, INC.

Current Principal Place of Business:

4101-1 COLLEGE ST.
JACKSONVILLE, FL 322055392

New Principal Place of Business:

Current Mailing Address:

4101-1 COLLEGE ST.
JACKSONVILLE, FL 322055392

New Mailing Address:

FEI Number: 59-3618761

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUGGLE, AMY
4101-1 COLLEGE ST.
JACKSONVILLE, FL 322055392 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 () Delete
Name: HENRY, JEAN
Address: 1727 FONSIKA WAY
City-St-Zip: JACKSONVILLE, FL 32236

Title: P () Delete
Name: KELLEY, JANICE
Address: 1620 CHERRY STREET
City-St-Zip: JACKSONVILLE, FL 32205

Title: T () Delete
Name: CLARK, JAMES
Address: 806 RIVERSIDE AVENUE
City-St-Zip: JACKSONVILLE, FL 32204

Title: VP () Delete
Name: PAUGH, O. GEORGE
Address: 534 FALLEN TIMBERS DRIVE
City-St-Zip: ORANGE PARK, FL 32073

Title: S () Delete
Name: STRICKLAND, JILL
Address: 2748 TREEMONT STREET
City-St-Zip: JACKSONVILLE, FL 32207

Title: PR () Delete
Name: PARKMAN-SHARP, GRACE ELAINE
Address: 2223 MERRILL AVENUE
City-St-Zip: JACKSONVILLE, FL 32207

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: JANICE KELLEY

P

04/27/2007

Electronic Signature of Signing Officer or Director

Date