

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2001 08:00 AM
Secretary of State

DOCUMENT # P00000073953

1. Entity Name
ASPEN NURSE ADVISORS, INC.

Principal Place of Business 1776 N PINE ISLAND ROAD STE 318 PLANTATION FL 33322	Mailing Address 1776 N PINE ISLAND ROAD STE 318 PLANTATION FL 33322
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2. Principal Place of Business 1776 N PINE ISLAND ROAD	3. Mailing Address 1776 N PINE ISLAND ROAD
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Suite, Apt. #, etc. SUITE 318	Suite, Apt. #, etc. SUITE 318
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City & State PLANTATION FL	City & State PLANTATION FL
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Zip 33322	Country	Zip 33322	Country
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4. FEI Number
65-1044878

Applied For	
Not Applicable	

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

AGODA ANDREW S
 1001 W CYPRESS CREEK RD STE 320

 FT LAUDERDALE FL 33309 US

7. Name and Address of New Registered Agent

Name
 YAGODA ANDREW S
 Street Address (P.O. Box Number is Not Acceptable)
 312 SE 17TH STREET
 2ND FLOOR
 City
 FT LAUDERDALE FL Zip Code
 33316

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.

SIGNATURE **ANDREW S. YAGODA, ESQ**

08/13/2001

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE D	<input type="checkbox"/> Delete
NAME YAGODA MELISSA L	
STREET ADDRESS 1340 SEABAY ROAD	
CITY-ST-ZIP WESTON FL 33326	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **MELISSA L. YAGODA, RN**

D

08/13/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)