

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000071931

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** INTERNATIONAL SCHOOL OF NURSING & COLLEGE OF HEALTH SCIENCES, INC

**Current Principal Place of Business:**

6151 MIRAMAR PKWY  
SUITE 330  
MIRAMR, FL 33023 US

**New Principal Place of Business:**

6151 MIRAMAR PKWY  
SUITE 330  
MIRAMAR, FL 33023 US

**Current Mailing Address:**

PO BOX 278887  
MIRAMAR, FL 33027

**New Mailing Address:**

**FEI Number:** 20-4957234

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DURAND, NANCY  
6151 MIRAMAR PARKWAY  
SUITE 330  
MIRAMAR, FL 33023 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DURAND, NANCY  
Address: 6151 MIRAMAR PARKWAY SUITE 330  
City-St-Zip: MIRAMAR, FL 33023

Title: VP ( ) Delete  
Name: ST-ALBORD, LOUINEL  
Address: 6151 MIRAMAR PARKWAY SUITE 330  
City-St-Zip: MIRAMAR, FL 33023

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: DURAND, NANCY  
Address: 6151 MIRAMAR PARKWAY SUITE 330  
City-St-Zip: MIRAMAR, FL 33023

Title: D (X) Change ( ) Addition  
Name: ST-ALBORD, LOUINEL  
Address: 6151 MIRAMAR PARKWAY SUITE 330  
City-St-Zip: MIRAMAR, FL 33023

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY DURAND

D

04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date