FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

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DOCUMENT # P11000026357

1. Entity Name

West Lawrence School of Nursing, Inc

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUN 12 AM 10: 53

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CR2E034B (5/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3903 Dr. Martin Luther King Blvd	
Suite, Apt. #, etc.: J	Suite, Apt. #, etc.
City & State: Fort Myers, FL	City & State
Zip: 33906 / County: Lee	Zip / Country

4. FEI Number: 45-0670138 (Applied For / Not Applicable)

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Juliet Washington

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

3903 Dr. Martin Luther King Blvd Ste J

City: Fort Myers FL Zip Code: 33906

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: J. Washington V.P. Juliet Washington 5/29/12

(Type or print name of person signing) (Title of person authorized to sign) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended AR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	Kayla Lawrence
STREET ADDRESS	251 Bethany Home Drive
CITY-ST-ZIP	Lehigh Acres, FL 33936
TITLE	VP
NAME	Juliet Washington
STREET ADDRESS	3903 Dr. Martin Luther King Blvd Ste J
CITY-ST-ZIP	Fort Myers, FL 33906
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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6/13/12

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or on an attachment with an address, with blanks like completed.

SIGNATURE: J. Washington V.P. Juliet Washington 5/29/12

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE