FILE NOW: FILING FEE IS $61.25

* NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P30433** **(7)**

1. Corporation Name
EMERGENCY NURSES C.A.R.E., INC.

000001860700
-06/12/96--01129--039
***61.25

Principal Place of Business	Mailing Address
C/O EMERGENCY NURSES ASSOCIATION 216 HIGGINS ROAD PARK RIDGE IL 60068-5736 US	C/O EMERGENCY NURSES ASSOCIATION 216 HIGGINS ROAD PARK RIDGE IL 60068-5736 US

3. Date Incorporated or Qualified: **08/02/1990**
3a. Date of Last Report: **02/01/1995**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: **22-2647026** ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHOLL, KATIE
30 MARK AVENUE
MERRITT ISLAND FL 32952

10. Name and Address of New Registered Agent

81 Name: Kathleen Varva
82 Street Address (P.O. Box Number is Not Acceptable): 433 Peterson Street
83
84 City: Sebastian **FL** 85 Zip Code: 32958

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

[redacted] Kathleen A Varva — 6/4/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	Executive Director	☒ Change ☐ Addition
NAME	FOLEY, BARBARA A		1.2 NAME	H. Stephen Lieber	
STREET ADDRESS	770 GRAFTON ST		1.3 STREET ADDRESS	216 Higgins Road	
CITY-ST-ZIP	SHREWSBURY MA		1.4 CITY-ST-ZIP	Park Ridge, IL 60068	
TITLE	S	☐ DELETE	2.1 TITLE	Associate Exec. Director	☒ Change ☐ Addition
NAME	MITCHELL, KAREN		2.2 NAME	Barbara Foley	
STREET ADDRESS	770 GRAFTON ST.		2.3 STREET ADDRESS	1515 Jefferson Davis Hwy	
CITY-ST-ZIP	SHREWSBURY MA		2.4 CITY-ST-ZIP	Arlington, VA 22202	
TITLE	T	☐ DELETE	3.1 TITLE	President	☒ Change ☐ Addition
NAME	LASSMAN, JANET		3.2 NAME	Carla Duryee	
STREET ADDRESS	770 GRAFTON ST		3.3 STREET ADDRESS	9300 Ward Parkway	
CITY-ST-ZIP	SHREWSBURY MA		3.4 CITY-ST-ZIP	Kansas City, MO 64114	
TITLE	D	☐ DELETE	4.1 TITLE	Director	☐ Change ☐ Addition
NAME	SCHIARONE, TERRANCE		4.2 NAME	Ralph Sargent	
STREET ADDRESS	770 GRAFTON ST		4.3 STREET ADDRESS	484 Main St. Suite 530	
CITY-ST-ZIP	SHREWSBURY MA		4.4 CITY-ST-ZIP	Worcester, MA 01609	
TITLE	D	☐ DELETE	5.1 TITLE	Director	☒ Change ☐ Addition
NAME	FOLEY, BARBARA		5.2 NAME	Carol Fackler	
STREET ADDRESS	770 GRAFTON ST		5.3 STREET ADDRESS	5 Porter Circle	
CITY-ST-ZIP	SHREWSBURY MA		5.4 CITY-ST-ZIP	Cambridge, MA 02140	
TITLE	D	☐ DELETE	6.1 TITLE	Director	☒ Change ☐ Addition
NAME	DURYEE, CARLA		6.2 NAME	Diane Steed	
STREET ADDRESS	770 GRAFTON ST.		6.3 STREET ADDRESS	1100 New York Ave N.W.	
CITY-ST-ZIP	SHREWSBURY MA		6.4 CITY-ST-ZIP	Washington, DC 20005	

CR2E037 (12/95)

06-12-96 BK

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [redacted] — 5/15/96 — 847-698-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #