


FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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.



Principal Place of Business C/O EMERGENCY NURSES ASSOCIATION 216 HIGGINS ROAD PARK RIDGE IL 60068-5736 US	Mailing Address C/O EMERGENCY NURSES ASSOCIATION 216 HIGGINS ROAD PARK RIDGE IL 60068-5706 US
---	---

3. Date Incorporated or Qualified 08/02/1990	3a. Date of Last Report 06/12/1996
--	--

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 22-2647026	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VARRA, KATHLEEN
433 PETERSON ST.
SEBASTIAN FL 32958**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	EXD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UEBER, H. STEPHEN	1.2 NAME	
STREET ADDRESS	216 HIGGINS ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	PARK RIDGE IL 60016	1.4 CITY-ST-ZIP	
TITLE	AEXD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOLEY, BARBARA	2.2 NAME	
STREET ADDRESS	1515 JEFFERSON DAVIS HWY.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON VA 22202	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURYEE, CARLA	3.2 NAME	
STREET ADDRESS	9300 WARD PARKWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	KANSAS CITY MO 64114	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SARGENT, RALPH	4.2 NAME	Director Susan Budassi Sheehy
STREET ADDRESS	484 MAIN ST., STE. 520	4.3 STREET ADDRESS	55 Fogg Street
CITY-ST-ZIP	WORCESTER MA 01609	4.4 CITY-ST-ZIP	South Weymouth, MA 02190
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FACKLER, CAROL	5.2 NAME	State Director Priscilla Ivler
STREET ADDRESS	5 PORTER CIRCLE	5.3 STREET ADDRESS	1114 Petra Court
CITY-ST-ZIP	CAMBRIDGE MA 02140	5.4 CITY-ST-ZIP	Davis, CA 95616
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEED, DIANE	6.2 NAME	
STREET ADDRESS	1100 NEW YORK AVE., N.W.	6.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20005	6.4 CITY-ST-ZIP	

14. I do 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 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 *[Signature]* 11/20/97 817-108-940

CR2E037 (9/96)