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Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P30433** (7)

1. Corporation Name

EMERGENCY NURSES C.A.R.E., INC.

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

4. FEI Number

22-2647026

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ 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** ☐ DELETE
NAME **LIEBER, H. STEPHEN**
STREET ADDRESS **216 HIGGINS ROAD**
CITY - ST - ZIP **PARK RIDGE IL 60016**

1.1 TITLE **Deputy Executive Director** ☐ Change ☐ Addition
1.2 NAME **Susan Oster**
1.3 STREET ADDRESS **216 Higgins Rd**
1.4 CITY - ST - ZIP **Park Ridge, IL 60068**

TITLE **AEXD** ☐ DELETE
NAME **FOLEY, BARBARA**
STREET ADDRESS **1515 JEFFERSON DAVIS HWY.**
CITY - ST - ZIP **ARLINGTON VA 22202**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **P** ☐ DELETE
NAME **DURYEE, CARLA**
STREET ADDRESS **8300 WARD PARKWAY**
CITY - ST - ZIP **KANSAS CITY MO 64114**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE **D** ☐ DELETE
NAME **BUDASSI SHEELNY, SUSAN**
STREET ADDRESS **55 FOGG STREET**
CITY - ST - ZIP **SOUTH WEYMOUTH MA**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE **SD** ☐ DELETE
NAME **MLER, PRISCILLA**
STREET ADDRESS **1114 PETRA COURT**
CITY - ST - ZIP **DAVIS CA**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE **D** ☐ DELETE
NAME **STEED, DIANE**
STREET ADDRESS **1100 NEW YORK AVE., N.W.**
CITY - ST - ZIP **WASHINGTON DC 20005**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. 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 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: *Susan M. Oster* March 11, 1998

CP2E037 (10/97)