

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Aug 24, 1999 8:00 am  
Secretary of State

08-24-1999 90002 042 \*\*\*\*61.25

DOCUMENT # P30433

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 60068-5736  
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 915 Lee Street	26 915 Lee Street	08/02/1990
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	22-2647026
City & State	City & State	Applied For
23 Des Plaines, IL	28 Des Plaines, IL	Not Applicable
Zip	Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 60016	29 60016	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Country	Country	Trust Fund Contribution
25 USA	30 USA	

9. Name and Address of Current Registered Agent

VARRA, KATHLEEN  
433 PETERSON ST.  
SEBASTIAN FL 32958

10. Name and Address of New Registered Agent

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

FL

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

TITLE	DED	<input type="checkbox"/> DELETE
NAME	OSTER, SUSAN 216 HIGG	
STREET ADDRESS	216 HIGGINS RD	
CITY-ST-ZIP	PARK RIDGE IL 60068	
TITLE	AEXD	<input type="checkbox"/> DELETE
NAME	FOLEY, BARBARA	
STREET ADDRESS	1515 JEFFERSON DAVIS HWY.	
CITY-ST-ZIP	ARLINGTON VA 22202	
TITLE	P	<input type="checkbox"/> DELETE
NAME	DURYEE, CARLA	
STREET ADDRESS	9300 WARD PARKWAY	
CITY-ST-ZIP	KANSAS CITY MO 64114	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BUDASSI SHEELNY, SUSAN	
STREET ADDRESS	55 FOGG STREET	
CITY-ST-ZIP	SOUTH WEYMOUTH MA	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	IVLER, PRISCILLA	
STREET ADDRESS	1114 PETRA COURT	
CITY-ST-ZIP	DAVIS CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STEED, DIANE	
STREET ADDRESS	1100 NEW YORK AVE., N.W.	
CITY-ST-ZIP	WASHINGTON DC 20005	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Patricia V. Blake	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Executive Director	
1.3 STREET ADDRESS	915 Lee Street	
1.4 CITY-ST-ZIP	Des Plaines, IL 60016	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Patricia V. Blake 8/13/99 (847) 460-4000

Date

Daytime Phone #

CR2E037 (5/99)