

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90152 018 ***150.00

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1. Entity Name
**ADVANCED NURSING PRACTICE CENTER FOR WELLNESS,
NC.**

Principal Place of Business
**1425 OAKFIELD DR
BRANDON FL 33511
US**

Mailing Address
**1425 OAKFIELD DR
BRANDON FL 33511
US**



2. Principal Place of Business
1427 Oakfield Dr.
Suite, Apt. #, etc.

3. Mailing Address
1427 Oakfield Dr
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Brandon, FL

City & State
Brandon, FL

4. FEI Number **59-3365865**

Applied For
☐ Not Applicable

Zip
33511

Country
US

Zip
33511

Country
US

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

6. Name and Address of Current Registered Agent

**MOONEY, SANDRA A
1425 OAKFIELD DR
BRANDON FL 33511**

7. Name and Address of New Registered Agent

Name **Mooney, Sandra A.**
Street Address (P.O. Box Number is Not Acceptable)
1427 Oakfield Dr.
City **Brandon** **FL** Zip Code **33511**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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** ☐ Delete
NAME **MOONEY, SANDRA A**
STREET ADDRESS **1425 OAKFIELD DR**
CITY-ST-ZIP **BRANDON FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☐ Addition
NAME **Mooney, Sandra A.**
STREET ADDRESS **1427 Oakfield Dr**
CITY-ST-ZIP **Brandon FL 33511**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **✓ Sandra A. Mooney**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 4/15/03 (813) 684-3048
Date Daytime Phone #

CR2E034 (10/02)