

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000047408

1. Entity Name

NURSE PRACTITIONER NETWORK, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90027 008 ***150.00

Principal Place of Business

4540 N. FEDERAL HIGHWAY
FT. LAUDERDALE FL 33308

Mailing Address

4540 N. FEDERAL HIGHWAY
FT. LAUDERDALE FL 33308-5204

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0757343

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZAUMEYER, CAROLYN
4540 N. FEDERAL HIGHWAY
FT. LAUDERDALE FL 33308

Name

Street Address (P.O. Box Number Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Carolyn Zaumeyer

Carolyn Zaumeyer 01-12-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PO ☐ Delete
NAME ZAUMEYER, CAROLYN
STREET ADDRESS 4540 N FEDERAL HWY
CITY-ST-ZIP FT LAUDERDALE FL 33308

TITLE PO ☐ Change ☐ Addition
NAME Zaumeyer, Carolyn
STREET ADDRESS 1350 River Reach Dr. #405
CITY-ST-ZIP Ft. Lauderdale, FL 33315

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Carolyn Zaumeyer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-12-00

954/224-9315

CR2E034 (9/99)