

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000007284

1. Entity Name
NURSING NETWORK, INC.



Principal Place of Business
**4725 NORTH FEDERAL HIGHWAY
FT LAUDERDALE, FL 33308**

Mailing Address
**4725 NORTH FEDERAL HIGHWAY
ATTN: LEGAL AFFAIRS DEPT.
FT LAUDERDALE, FL 33308**



04212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1145192

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**HOLY CROSS HOSPITAL, INC.
4725 NORTH FEDERAL HIGHWAY
FT LAUDERDALE, FL 33308**

**DO NOT WRITE
IN THIS SPACE**

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

05/28/08-80025-007 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PCEO
JOHNSON, JOHN C
4725 NORTH FEDERAL HIGHWAY
FT LAUDERDALE, FL 33308**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CD
WELSH, SUSAN RSM
3333 FIFTH AVENUE
PITTSBURGH, PA 15213**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
WILFORD, LINDA V
4725 N FEDERAL HWY
FORT LAUDERDALE, FL 33308**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
TAYLOR, PATRICK A M.D.
4725 N. FEDERAL HIGHWAY
FORT LAUDERDALE, FL 33308**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN C JOHNSON

Date

4-24-08

Daytime Phone #

**954229
8500**

PRESIDENT & CEO