

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000009937

**Entity Name:** ORGANIZATION FOR ASSOCIATES DEGREE NURSING, INC.

**FILED**  
**Mar 08, 2018**  
**Secretary of State**  
**CC2994456264**

**Current Principal Place of Business:**

OADN  
7794 GROW DRIVE  
PENSACOLA, FL 32514

**Current Mailing Address:**

OADN  
7794 GROW DRIVE  
PENSACOLA, FL 32514

**FEI Number: 75-2129911**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

DANCY, JON  
OADN  
7794 GROW DRIVE  
PENSACOLA, FL 32514 US

*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: JON DANCY**

**03/08/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name DRYER, CHRISTY  
Address 200 GREENOCK DRIVE  
City-State-Zip: WILMINGTON DE 19807  
  
Title S  
Name HERRINGTON, LAWRENCE  
Address 7448 VENETIAN WAY  
City-State-Zip: WEST PALM BEACH FL 33406

Title CEO  
Name MEYER, DONNA  
Address 710 N BUCHANAN ST  
City-State-Zip: EDWARDSVILLE IL 62025  
  
Title AMC PRESIDENT  
Name DANCY, JON A  
Address OADN  
7794 GROW DRIVE  
City-State-Zip: PENSACOLA FL 32514

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: JON DANCY**

**AMC PRESIDENT**

**03/08/2018**

Electronic Signature of Signing Officer/Director Detail

Date