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May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **751959** **(8)**

1. Corporation Name

FLORIDA SOCIETY OF POST ANESTHESIA NURSES, INC.

Principal Place of Business	Mailing Address
% KATHLEEN E JONES 4147 TEE RD SARASOTA FL 34235 US	% KATHLEEN E JONES 4147 TEE RD SARASOTA FL 34235-8001 US

3. Date Incorporated or Qualified: 04/10/1980
3a. Date of Last Report: 06/04/1996

4. FEI Number: 59-1759997 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 c/o GAYLE MILLER	26 c/o GAYLE MILLER
Suite, Apt. #, etc. 22 4407 SUNNYCREST DRIVE	Suite, Apt. #, etc. 27 4407 SUNNYCREST DRIVE
City & State 23 JACKSONVILLE, FL	City & State 28 JACKSONVILLE FL
Zip / Country 24 32257 / 25 US	Zip / Country 29 32257 / 30 US

9. Name and Address of Current Registered Agent

JONES, KATHLEEN E
4147 TEE RD
SARASOTA FL 34235

10. Name and Address of New Registered Agent

81 Name: GAYLE MILLER
82 Street Address (P.O. Box Number is Not Acceptable): 4407 SUNNYCREST DRIVE
83
84 City: JACKSONVILLE **FL** 85 Zip Code: 32257

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: Gayle Miller — Treasurer — 4/25/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	D P	☒ Change ☐ Addition
NAME	BOYUM, LINDA		1.2 NAME	NORRIS, DEBRA	
STREET ADDRESS	14204 BLACKBERRY DRT.		1.3 STREET ADDRESS	416 SE 43rd TERRACE	
CITY-ST-ZIP	WELLINGTON FL		1.4 CITY-ST-ZIP	CAPE CORAL, FL 33904-8453	
TITLE	PD	☒ DELETE	2.1 TITLE	D V	☐ Change ☒ Addition
NAME	SAUFL, NANCY		2.2 NAME	KAPLAN, ANN	
STREET ADDRESS	114 PINION CIRCLE		2.3 STREET ADDRESS	4419 TREE HARBOUR WAY	
CITY-ST-ZIP	ORMOND BEACH FL		2.4 CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	SD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HAZELL, JACQUELINE		3.2 NAME		
STREET ADDRESS	8503 ARDOCH RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES FL		3.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	4.1 TITLE	I D T	☐ Change ☒ Addition
NAME	JONES, KATHLEEN E		4.2 NAME	GAYLE MILLER	
STREET ADDRESS	4147 TEE RD		4.3 STREET ADDRESS	4407 SUNNYCREST DRIVE	
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32257	
TITLE	HVD	☒ DELETE	5.1 TITLE	D	☐ Change ☐ Addition
NAME	NORRIS, DEBRA		5.2 NAME	BOYUM, LINDA	
STREET ADDRESS	416 SE 43RD TERRACE		5.3 STREET ADDRESS	14204 BLACKBERRY DRIVE	
CITY-ST-ZIP	CAPE CORAL FL		5.4 CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GAINEY, MARTIE		6.2 NAME		
STREET ADDRESS	1731 INDIANTOWN LN.		6.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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.

SIGNATURE: Gayle Miller REQUIRED — 4/25/97 — (904) 276-8531
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #