SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 08, 1999 8:00 am
Secretary of State
09-08-1999 90006 037 ****61.25

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DOCUMENT # 751959

Corporation Name

FLORIDA SOCIETY OF PERIANESTHESIA NURSES, INCORPORATED

* 6 613489 - 90006 - 37 *

Principal Place of Business	Mailing Address
C/O GAYLE MILLER 4407 SUNNYCREST DRIVE JACKSONVILLE FL 32257 US	C/O GAYLE MILLER 4407 SUNNYCREST DRIVE JACKSONVILLE FL 32257 US

Principal Place of Business: 4407 SUNNYCREST DR Suite, Apt. #, etc. City & State: JACKSONVILLE, FL Zip: 32257 25 Country: USA	2a. Mailing Address: 26 4407 SUNNYCREST DR Suite, Apt. #, etc. 27 City & State: 28 JACKSONVILLE, FL Zip: 32257 29 Country: USA 30	3. Date Incorporated or Qualified: 04/10/1980 4. FEI Number: 59-1759997 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

MILLER, GAYLE
4407 SUNNYCREST DRIVE
JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

1. 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 — 9/1/99
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	DP	☒ DELETE	1.1 TITLE	DP	☒ Change ☐ Addition
NAME	KAPLAN, ANN		1.2 NAME	MASON, MARSHA	
STREET ADDRESS	4419 TREE HARBOUR WAY		1.3 STREET ADDRESS	302 WHITCOMB BLVD	
CITY-ST-ZIP	TALLAHASSEE FL 32308		1.4 CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE	DV	☐ DELETE	2.1 TITLE		☐ Change ☒ Addition
NAME	MASON, MARSHA		2.2 NAME	CEPERO, MARIA ELENA	
STREET ADDRESS	302 WHITCOMB BLVD.		2.3 STREET ADDRESS	665 BELLA VISTA	
CITY-ST-ZIP	TARPON SPRINGS FL 34689		2.4 CITY-ST-ZIP	CORAL GABLES, FL 33156	
TITLE	DT	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MILLER, GAYLE		3.2 NAME		
STREET ADDRESS	4407 SUNNYCREST DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32257		3.4. CITY-ST-ZIP		
TITLE	DS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HAZELL, JACQUELINE		4. 2 NAME		
STREET ADDRESS	8503 ARDOCH ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES FL 33016		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (5/99)

I. 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 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, with all other like empowered.

SIGNATURE: Gayle Miller REQUIRED — GAYLE MILLER — 9/1/99 — (904) 296-4199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #