2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 30, 2001 08:00 AM
Secretary of State

DOCUMENT # 751959

1. Entity Name
FLORIDA SOCIETY OF PERIANESTHESIA NURSES, INCORPORATED

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

2. Principal Place of Business	3. Mailing Address
C/O CORTNEY DAUGHERTY	C/O CORTNEY DAUGHERTY
Suite, Apt. #, etc.: 5000 SAN JOSE BLVD. APT #96	Suite, Apt. #, etc.: 5000 SAN JOSE BLVD. APT#96
City & State: JACKSONVILLE FL	City & State: JACKSONVILLE FL
Zip: 32207 Country: US	Zip: 32207 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-1759997 ☐ 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
MILLER GAYLE 4407 SUNNYCREST DRIVE JACKSONVILLE FL 32257 US	Name: DAUGHERTY CORTNEY Street Address (P.O. Box Number is Not Acceptable): 5000 SAN JOSE BLVD. APT #96 City: JACKSONVILLE FL Zip Code: 32207

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 CORTNEY DAUGHERTY 07/30/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP			☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP			☒ Change ☐ Addition
DV CEPERO MARIA E 655 BELLA VISTA CORAL GABLES	FL	33156		DC CEPERO MARIA E 655 BELLA VISTA CORAL GABLES	FL	33156	
DP MASON MARSHA 302 WHITCOMB BLVD TARPON SPRINGS	FL	34689	☐ Delete	DV BARBARA REAP 5505 OCEAN BLVD #8-102 OCEAN RIDGE	FL	33435	☒ Change ☐ Addition
DS HAZELL JACQUELINE 8503 ARDOCH ROAD MIAMI LAKES	FL	33016	☐ Delete	DP HAZELL JACQUELINE 8503 ARDOCH ROAD MIAMI LAKES	FL	33016	☒ Change ☐ Addition
DT MILLER GAYLE 4407 SUNNYCREST DRIVE JACKSONVILLE	FL	32257	☐ Delete	DT CORTNEY DAUGHERTY 5000 SAN JOSE BLVD. JACKSONVILLE	FL	32207	☒ Change ☐ Addition
DV MASON MARSHA 302 WHITCOMB BLVD. TARPON SPRINGS	FL	34689	☐ Delete	DS FERGUSON DANA 2375 WEST SERAPH ROAD AVON PARK	FL	33825	☒ Change ☐ Addition
			☐ Delete				☐ Change ☐ Addition

CR2E037 (11/00)

12. 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 617, 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: CORTNEY DAUGHERTY DT 07/30/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #