2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State
01-15-2002 90029 048 ****61.25

DOCUMENT # 751959

1. Entity Name

FLORIDA SOCIETY OF PERIANESTHESIA NURSES, INCORP ORATED

80002853

Principal Place of Business	Mailing Address
C/O CORTNEY DAUGHERTY 5000 SAN JOSE BLVD. APT #96 JACKSONVILLE FL 32207 US	C/O CORTNEY DAUGHERTY 5000 SAN JOSE BLVD. APT#96 JACKSONVILLE FL 32207 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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
DAUGHERTY, CORTNEY 5000 SAN JOSE BLVD. APT #96 JACKSONVILLE FL 32207	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
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	DS FERGUSON, DANA 2375 WEST SERAPH ROAD AVON PARK FL 33825	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT CORTNEY, DAUGHERTY 5000 SAN JOSE BLVD. JACKSONVILLE FL 32207	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP HAZELL, JACQUELINE 8503 ARDOCH ROAD MIAMI LAKES FL 33016	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV BARBARA, REAP 5505 OCEAN BLVD #8-102 OCEAN RIDGE FL 33435	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC CEPERO, MARIA E 655 BELLA VISTA CORAL GABLES FL 33156	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS MARGARET L CRIDER. 404 Woodview Way BRADENTON, FLORIDA 34202.	☐ Change ☒ Addition

CR2E037 (9/01)

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 1/6/02 904 246-[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #