2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State
04-27-2005 90349 006 ****70.00

DOCUMENT # 751959

1. Entity Name
FLORIDA SOCIETY OF PERIANESTHESIA NURSES, INCORPORATED

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

04252005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
5505 N. OCEAN BLvd	5505 N. OCEAN Blvd
Suite, Apt. #, etc.: APT 8-102	Suite, Apt. #, etc.: APT 8-102
City & State: OCEAN Ridge, FL	City & State: OCEAN Ridge, FL
Zip: 33435 Country: USA	Zip: 33435 Country: USA

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

DAUGHERTY, CORTNEY
5000 SAN JOSE BLVD.
APT #96
JACKSONVILLE, FL 32207

7. Name and Address of New Registered Agent

Name: BARBARA R. REAP
Street Address (P.O. Box Number is Not Acceptable): 5505 N. OCEAN Blvd. APT 8-102
City: OCEAN Ridge FL Zip Code: 33435

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: BARBARA R. REAP (TREASURER) Barbara R. Reap DATE: 4/25/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP BOYUM, LINDA RN ~~8503 ARDOCH ROAD~~ ~~MIAMI LAKES, FL 33016~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Linda Boyum 780 HUNT CLUB TRAIL PORT ORANGE, FL 32127	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT CORTNEY, DAUGHERTY RN 5000 SAN JOSE BLVD. APT 96 JACKSONVILLE, FL 32207	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President-Elect Cheryl Roddy 4861 GATEWAY GARDENS Dr. Boynton Beach, FL. 33436	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC FURGUSON, DAYNA 2375 WEST SERAPH ROAD AVON PARK, FL 33825	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer BARBARA R. REAP 5505 N. OCEAN Blvd APT 8-102 Ocean Ridge, FL 33435	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P NOLAN, MYRNA 937 NAPLES LANE ORANGE PARK, FL 33913	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary SAME	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: BARBARA R. REAP Barbara R Reap 4/25/05 (561) 843-3454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #