2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT #751959

1. Entity Name FLORIDA SOCIETY OF PERIANESTHESIA NURSES, **INCORPORATED**



FILED Apr 27, 2005 8:00 am Secretary of State

04-27-2005 90349 006 ****70.00

			() TO						
5000 SAN JO	e of Business 7 DAUGHERTY ISE BLVD. APT #96 E, FL 32207 US	Mailing Address C/O CORTNEY DAUGHERT 5000 SAN JOSE BLVD. AI JACKSONVILLE, FL 3220	PT#96			~ ~		nie is H	
2. Principal P	tace of Business 05 N. OCEAN BLVd	3. Malling Address 5505 N. C	cean Bl	vd					
Suite, Apt.	. etc.	Suite, Apt. #, etc. APT 8-1	02		04252005	Chg-NP	CR2EC	037 (10/03)	
City & State		City & State OCEAN T	Ridge, F	L	4. FEI Numbe 59-1759				plied For t Applicable
^{Zip} 33	435 Country USA	[™] 33435	Collintry USA		5. Certificate	of Status Desired	ø	\$8.75 Add Fee Required	
	6. Name and Address of Current F	Registered Agest			7. Name and	Address of New	Registered	l Agent	
5000 SAN APT #96	RTY, CORTNEY JOSE BLVD.	٠,	Street Add			r is Not Acceptab		REAP	8-102
JACKSUN	VILLE, FL 32207		City ()	<u>302</u>	N Rid		F	1 77 0 4	3 1020
<u> </u>				$\overline{\mathbf{u}}$					733
8. The above the obligat	named entity submits this statement for lons of registered agent. (TREA	the purpose of changing its re SUICEC)	gistered office or r	registere	ed agent, or bot	nr, in the State of F	tonda. (an	n tamiliar with,	and accept
SIGNATURE .	BARBARA K. Signature, typed in printed name of regulated agent a	REAP nd stile if applicable (NOTE: F	Darle	OOV	O (((-1 (ea	DATE	4/25	105
						li)			1
	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Camp Trust Fund Co			\$5.00 May B Added to Fees			ck payable to extreent of SI	
10,		Trust Fund Co	ntribution.		Added to Fees		rida Depi	ertment of SI	ate
10.	Due by May 1, 2005	Trust Fund Co	ntribution.	ree .	Added to Fees DDITIONS/CH/	FIG ANGES TO OFFIC	rida Depi	ertment of SI	ate
	Due by May 1, 2005 OFFICERS AND DIR	Trust Fund Co	ntribution.	ree .	Added to Fees DDITIONS/CH/	ANGES TO OFFIC	erida Depi	DIRECTORS IN Change	tate
TITLE	OFFICERS AND DIR	Trust Fund Co	11.	ree .	Added to Fees DDITIONS/CH/	ANGES TO OFFIC	erida Depi	DIRECTORS IN Change	10 Addition
TITLE NAME	OFFICERS AND DIR DP BOYUM, LINDA RN	Trust Fund Co	TITLE NAME	PRES Lin	Added to Fees DDITIONS/CH/ SIDEN T UDA BO DHUN	ANGES TO OFFICE	ERS AND D	DIRECTORS IN Change	10 Addition
TITLE NAME STREET ADDRESS	OFFICERS AND DIR DP BOYUM, LINDA RN 8503 ARDOCH ROAD	Trust Fund Co	11. TITLE NAME STREET ADDRESS	POR	Added to Fees DDITIONS/CHA I I CN T I I A BO D HUN T ORA	YUM TOLUI	ERS AND D	DIRECTORS IN Change	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2005 OFFICERS AND DIR DP BOYUM, LINDA RN 8503 ARDOCH ROAD MIAMI LAKES, FL 33016	Trust Fund Co	TILE NAME STREET ADDRESS CITY-ST-ZIP	POR PRES POR	Added to Fees DDITIONS/CHI DITIONS/CHI DIT	YUM T CLUI	erida Depa ERS AND E 3 TR FL	DIRECTORS IN Change AiL 3212 Change	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Due by May 1, 2005 OFFICERS AND DIR DP BOYUM, LINDA RN 8503 ARDOCH ROAD MIAMI LAKES, FL 33018 DT	Trust Fund Co	TILE NAME STREET ADDRESS CITY-ST-ZIP	PRES LIN 780 POR PRES CHE	Added to Fees DDITIONS/CHA BIT OF HUM TORA SIDENT	YUM TCLUI NGE, ELECT	erida Depa ERS AND E 3 TR FL	DIRECTORS IN Change AiL 3212 Change	10 Addition
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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 in changed, or on an attachment with an address, with all other like empowered.

4/25/05 arbara Dayome Phone #