

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90133 046 ****70.00

DOCUMENT # 751959 1. Entity Name FLORIDA SOCIETY OF PERIANESTHESIA NURSES, INCORPORATED					
Principal Place of Business 5505 N OCEAN BLVD APT 8-102 OCEAN RIDGE, FL 33435 US			Mailing Address 5505 N OCEAN BLVD APT 8-102 OCEAN RIDGE, FL 33435 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-1759997	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent REAP, BARBARA R 5505 N OCEAN BLVD APT 8-102 OCEAN RIDGE, FL 33435				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
Filing Fee is \$61.25 Due by May 1, 2006		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	P BOYUM, LINDA RN ☒ Delete 780 HUNT CLUB TRAIL PORT ORANGE, FL 32127		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODDY, CHERYL ☐ Delete 4861 GATEWAY GARDENS DR BOYNTON BEACH, FL 33436		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REAP, BARBARA R ☐ Delete 5505 N OCEAN BLVD, APT 8-102 OCEAN RIDGE, FL 33435		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NOLAN, MYRNA ☐ Delete 937 NAPLES LANE ORANGE PARK, FL 32003		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. DUFFY, SARA ☐ Change ☒ Addition 783 JULY CIRCLE N. FT. MYERS, FL 33903	
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 exemptions contained in Chapter 119, 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: <u>Barbara R. Reap</u> April 7, 2006 (561) 735-3386 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

BARBARA R. REAP