

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90083 025 ****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
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01042007 Chg-NP CR2E037 (12/06)

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	
REAP, BARBARA R 5505 N OCEAN BLVD APT 8-102 OCEAN RIDGE, FL 33435		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 Barbara R. Reap
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODDY, CHERYL 4861 GATEWAY GARDENS DR BOYNTON BEACH, FL 33436 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REAP, BARBARA R 5505 N OCEAN BLVD, APT 8-102 OCEAN RIDGE, FL 33435 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NOLAN, MYRNA 1880 C GREEM SPRINGS CIR ORANGE PARK, FL 32003 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DUFFY, SARA 783 JULY CIR NORTH FORT MYERS, FL 33903 ☐ 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	V ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NANCY fishman 8344 Wilson Blvd. JACKSONVILLE, FL 32210 ☐ 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 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: Barbara R. Reap BARBARA R. Reap 1/26/07 361 843-3454
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #