2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# 751959

Entity Name: FLORIDA SOCIETY OF PERIANESTHESIA NURSES, INCORPORATED

Current Principal Place of Business:

8344 WILSON BLVD.
JACKSONVILLE, FL 32210 US

New Principal Place of Business:

Current Mailing Address:

8344 WILSON BLVD.
JACKSONVILLE, FL 32210 US

New Mailing Address:

FEI Number: 59-1759997 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FISHMAN, NANCY C
8344 WILSON BLVD.
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: JOHNSON, TINA
Address: 700 S.W. 62ND BLVD.
City-St-Zip: GAINESVILLE, FL 32607

Title: VP ( ) Delete
Name: LEGG, PATRICIA
Address: 2146 BILLS DRIVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: S ( ) Delete
Name: JEFFERS, CHERYL
Address: 27 FILMORE STREET
City-St-Zip: ORLANDO, FL 32607

Title: TREA ( ) Delete
Name: FISHMAN, NANCY
Address: 8344 WILSON BLVD.
City-St-Zip: JACKSONVILLE, FL 32210 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY G FISHMAN T 04/28/2009

Electronic Signature of Signing Officer or Director — Date