2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2011
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: P
Name: GODFREY, KIMBERLY
Address: 1330 HAWKSCREST DR
City-St-Zip: MIDDLEBURG, FL 322608

Title: VP
Name: MORGAN, DEBRA
Address: PO BOX 741623
City-St-Zip: ORANGE CITY, FL 32774

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

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

I hereby 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 all other like empowered.

SIGNATURE: NANCY G FISHMAN T 02/06/2011

Electronic Signature of Signing Officer or Director Date