2003 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2003
Secretary of State

DOCUMENT# 751959

Entity Name: FLORIDA SOCIETY OF PERIANESTHESIA NURSES, INCORPORATED

Current Principal Place of Business:

C/O CORTNEY DAUGHERTY
5000 SAN JOSE BLVD. APT #96
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

Current Mailing Address:

C/O CORTNEY DAUGHERTY
5000 SAN JOSE BLVD. APT#96
JACKSONVILLE, FL 32207 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:

DAUGHERTY, CORTNEY
5000 SAN JOSE BLVD.
APT #96
JACKSONVILLE, FL 32207 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: DV ( ) Delete
Name: FERGUSON, DANA
Address: 2375 WEST SERAPH ROAD
City-St-Zip: AVON PARK, FL 33825

Title: DT ( ) Delete
Name: CORTNEY, DAUGHERTY
Address: 5000 SAN JOSE BLVD.
City-St-Zip: JACKSONVILLE, FL 32207

Title: DC ( ) Delete
Name: HAZELL, JACQUELINE
Address: 8503 ARDOCH ROAD
City-St-Zip: MIAMI LAKES, FL 33016

Title: DP ( ) Delete
Name: BARBARA, REAP
Address: 5505 OCEAN BLVD #8-102
City-St-Zip: OCEAN RIDGE, FL 33435

Title: P ( ) Delete
Name: GRIDER, MARAGARET L
Address: 404 WOODVEIW WAY
City-St-Zip: JACKSON, MS 39202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: FERGUSON, DANA RN
Address: 2375 WEST SERAPH ROAD
City-St-Zip: AVON PARK, FL 33825

Title: DT (X) Change ( ) Addition
Name: CORTNEY, DAUGHERTY RN
Address: 5000 SAN JOSE BLVD.
City-St-Zip: JACKSONVILLE, FL 32207

Title: DV (X) Change ( ) Addition
Name: BOYUM, LINDA RN
Address: 8503 ARDOCH ROAD
City-St-Zip: MIAMI LAKES, FL 33016

Title: DC (X) Change ( ) Addition
Name: BARBARA, REAP
Address: 5505 OCEAN BLVD #8-102
City-St-Zip: OCEAN RIDGE, FL 33435

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CORTNEY DAUGHERTY DT 05/06/2003

Electronic Signature of Signing Officer or Director — Date