

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$135 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$365)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

1995 JUL 26 AM 10:18

TALLAHASSEE, FLORIDA

DOCUMENT # N39895 (0)

1. Corporation Name
ASSOCIATION OF OPERATING ROOM NURSES OF THE PALM BEACHS, FLORIDA, INC.

Principal Place of Business Mailing Address
327 28TH STREET 327 28TH STREET
WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33407
US US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 09/07/1990	3a. Date of Last Report 06/24/1994
4. FEI Number 65-0169446	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29 Zip	30 Country

9. Name and Address of Current Registered Agent
**RUSSELL, SHIRLEY
327 W8TH STREET
WEST PALM BEACH FL 33407**

10. Name and Address of New Registered Agent
81 Name Russell - Shirley
82 Street Address (P.O. Box Number is Not Acceptable) 327- 28th ST
83
84 City West Palm Beach
85 Zip Code FL 33407

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Shirley R. Russell DATE 7-3-95

12. OFFICERS AND DIRECTORS	
TITLE PD	LAYTON, DALE 717 US HIGHWAY 1, UNIT 901 JUPITER FL
TITLE VD	COMBARDO, CAROL 6864 COUNTRY PLACE ROAD WEST PALM BEACH FL
TITLE TD	RUSSELL, SHIRLEY 327 28TH STREET WEST PALM BEACH FL
TITLE SD	WEITZ, CHRISTINE 1930 STRAFFORD WAY, #378 WEST PALM BEACH F
TITLE	
TITLE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME Cathy Bailey	D
13 STREET ADDRESS 4009 Temple St	
14 CITY- ST- ZIP WPA, FL 33407-3102	
21 TITLE PRESIDENT ELECT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME CAROL Lombardo	D
23 STREET ADDRESS 6864 Country Place Rd	
24 CITY- ST- ZIP West Palm Beach, FL 33411	
31 TITLE Treasurer-10	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME Shirley R. Russell	D
33 STREET ADDRESS 327- 28th ST	
34 CITY- ST- ZIP West Palm Beach, FL 33407	
41 TITLE SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME JEANNE Cyphers	D
43 STREET ADDRESS PO BOX 2964	
44 CITY- ST- ZIP Jupiter, FL 33468-2964	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Shirley R. Russell, Treasurer Date: 7-3-95

CR2E037 (3/95)