

FILE NOW: FILING FEE IS \$61.25

FILED

May 08 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N39895 (0)  
Corporation Name  
ASSOCIATION OF OPERATING ROOM NURSES OF THE PALM BEACHS, FLORIDA, INC.



Principal Place of Business: 327 28TH STREET WEST PALM BEACH FL 33407 US  
Mailing Address: 327 28TH STREET WEST PALM BEACH FL 33407-5205 US

3. Date Incorporated or Qualified: 09/07/1990  
3a. Date of Last Report: 03/01/1996

2. Principal Place of Business: 21 6191 MULLIN ST, 22 Suite, Apt. #, etc., 23 PALM BEACH GARDENS, FL, 24 33418, 25 USA  
2a. Mailing Address: 26 6191 MULLIN ST, 27 Suite, Apt. #, etc., 28 PALM BEACH GARDENS, FL, 29 33418, 30 US

4. FEI Number: 65-0169446  
Applied For: Not Applicable  
6. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes  No

9. Name and Address of Current Registered Agent: RUSSELL-SHIRLEY, 327-28TH ST, WEST PALM BEACH FL 33407

10. Name and Address of New Registered Agent: 81 Name: DALE F. JOHNSON, 82 Street Address (P.O. Box Number is Not Acceptable): 6191 MULLIN ST., 83, 84 City: PALM BEACH GARDENS, FL, 85 Zip Code: 33418

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 its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  
SIGNATURE: DALE F. JOHNSON TREASURER, DALE F. JOHNSON, DATE: 2/27/97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BAILEY, CATHY	
STREET ADDRESS	4009 TEMPLE ST.	
CITY-ST-ZIP	UPB FL	
TITLE	PEO	<input type="checkbox"/> DELETE
NAME	COMBARDO, CAROL	
STREET ADDRESS	6804 COUNTRY PLACE ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	RUSSELL, SHIRLEY	
STREET ADDRESS	327 28TH STREET	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CYPHERS, JEANNE	
STREET ADDRESS	PO BOX 2964	
CITY-ST-ZIP	JUPITER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	PD PRESIDENT CAROL Lombardo <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	451 OCEAN DR
2.3 STREET ADDRESS	Juno Beach, FL 33408
2.4 CITY-ST-ZIP	
3.1 TITLE	TREASURER, TD DALE F. JOHNSON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	6191 MULLIN ST
3.3 STREET ADDRESS	P.B.G., FL 33418
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	same
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	PEO PRESIDENT Elect DEB <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SUZANNE WHITMER
5.3 STREET ADDRESS	6217 Camplée Rd
5.4 CITY-ST-ZIP	West Palm Beach, FL 33417-5570
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: DALE F. JOHNSON, DALE F. JOHNSON, DATE: 4/7/97 (561) 575-4067

CR2E037 (9/96)