

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 Suite, Apt. #, etc. 22 City & State 23 PALM BEACH GARDENS, FL Zip 24 33418	2a. Mailing Address 25 6191 MULLIN ST Suite, Apt. #, etc. 27 City & State 28 PALM BEACH GARDENS, FL Zip 29 33418	Country 26 USA Country 30 US
--	---	---------------------------------------

4. FEI Number 65-0169446	Applied For Not Applicable
6. 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

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		

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 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PRESIDENT CAROL Lombardi
2.3 STREET ADDRESS	451 Ocean Dr
2.4 CITY-ST-ZIP	Juno Beach, FL 33408
3.1 TITLE	TREASURER T.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DALE F. JOHNSON
3.3 STREET ADDRESS	6191 MULLIN ST
3.4 CITY-ST-ZIP	P.B.G., FL 33418
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 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	PRESIDENT Elect PEO 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)