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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N39895

1. Corporation Name

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

Principal Place of Business

6191 MULLIN ST
PALM BEACH GARDENS FL 33418
US

Mailing Address

6191 MULLIN ST
PALM BEACH GARDENS FL 33418
US



2. Principal Place of Business

21 1754 TUDOR RD

Suite, Apt. #, etc.

22 North Palm Beach FL

23 North Palm Beach FL

24 3340B 25 USA

2a. Mailing Address

26 1754 TUDOR RD

Suite, Apt. #, etc.

27 North Palm Beach FL

28 North Palm Beach FL

29 3340B 30 USA

3. Date Incorporated or Qualified

09/07/1990

4. FEI Number

65-0169446

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

JOHNSON, DALE F
6191 MULLIN ST
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

81 Name BETH LYNN SURIANO
82 Street Address (P.O. Box Number is Not Acceptable) 1754 TUDOR RD
83
84 City North Palm Beach FL 85 Zip Code 33408

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

Beth Lynn Suriano Renewal

1/11/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PED
NAME PATRICIA CARPENTER
STREET ADDRESS 1340 SCOTTSDALE E
CITY-ST-ZIP WEST PALM BEACH FL 33417 DELETE

TITLE PD
NAME SUZANNE WHITMER
STREET ADDRESS 1302 SW BARTELL AVE
CITY-ST-ZIP PORT ST LUCIE FL 34953-5365 DELETE

TITLE TD
NAME JOHNSON, DALE F
STREET ADDRESS 6191 MULLIN ST
CITY-ST-ZIP PALM BEACH GARDENS FL DELETE

TITLE SD
NAME DIANE HASELTINE
STREET ADDRESS 6391-3 RIVERWALK LN
CITY-ST-ZIP JUPITER FL 33458 DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PED Change Addition
1.2 NAME JAMES Willsey.
1.3 STREET ADDRESS 5600 Poinsethia Ave. Apt. 2003
1.4 CITY-ST-ZIP West Palm Bch. FL. 33407

2.1 TITLE PD Change Addition
2.2 NAME PATRICIA CARPENTER
2.3 STREET ADDRESS 1340 Scottsdale E
2.4 CITY-ST-ZIP W P Beach, FL. 33417

3.1 TITLE TD Change Addition
3.2 NAME BETH SURIANO
3.3 STREET ADDRESS 1754 TUDOR RD
3.4 CITY-ST-ZIP North Palm Bch. FL 33408

4.1 TITLE SD Change Addition
4.2 NAME DIANE HASELTINE
4.3 STREET ADDRESS 19 Selby LANE
4.4 CITY-ST-ZIP Palm Beach Gardens, FL 33418

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP Change Addition

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED Dale 1/11/99 561 744-4412

CR2E037 (11/98)