

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2001 8:00 am
Secretary of State

04-27-2001 90394 012 ****61.25

DOCUMENT # N39895

1. Entity Name

ASSOCIATION OF OPERATING ROOM NURSES OF THE PALM

Principal Place of Business

Mailing Address

1754 TUDOR RD
 NORTH PALM BEACH FL 33408
 US

1754 TUDOR RD
 NORTH PALM BEACH FL 33408
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0169446

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SURIANO, BETH L
 1754 TUDOR RD
 NORTH PALM BEACH FL 33408

8. 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

Beth L. Suriano Treasurer

4/7/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PED Delete
 NAME WILLSEY, JAMES
 STREET ADDRESS 5600 POINSENIA AVE - APT 2003
 CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE PRESIDENT - DIRECTOR "D" Change Addition
 NAME JEANNE CYBERS-COLIA
 STREET ADDRESS 2424 24th Lane
 CITY-ST-ZIP Palm Beach Gardens, FL. 33418

TITLE VPV Delete
 NAME HASELTNE, DIANE
 STREET ADDRESS 19 SELBY LANE
 CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE VP DIRECTOR "D" Change Addition
 NAME Susanne Whitmer
 STREET ADDRESS 1802 SW Bartell Ave
 CITY-ST-ZIP Port St. Lucie FL 34953

TITLE TD "D" Delete
 NAME SURIANO, BETH
 STREET ADDRESS 1754 TUDOR RD
 CITY-ST-ZIP NORTH PALM BEACH FL 33408

TITLE NAME SAME →
 STREET ADDRESS DIRECTOR "D"
 CITY-ST-ZIP

TITLE S Delete
 NAME HILLMAN, CONNIE
 STREET ADDRESS 12354 ORANGE BLVD
 CITY-ST-ZIP WEST PALM BEACH FL 33418

TITLE SECRETARY Change Addition
 NAME JACQUELYN LEASE
 STREET ADDRESS 11715 WATERBEND ct
 CITY-ST-ZIP WELLINGTON FL 33414

TITLE P Delete
 NAME WILLSEY, JIM
 STREET ADDRESS 5600 POINSENIA AVE APT 2003
 CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE T Delete
 NAME SUICIANO, BETH
 STREET ADDRESS 1754 TUDOR RD
 CITY-ST-ZIP NORTH PALM BEACH FL 33408

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other lists empowered.

SIGNATURE:

Beth L. Suriano Treasurer

4/7/01 561-694-8361

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E037 (10/00)