

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 90199 014 ****61.25

0032688

DOCUMENT # N39895
 1. Entity Name
ASSOCIATION OF OPERATING ROOM NURSES OF THE PALM BEACHS, FLORIDA, INC.

Principal Place of Business 1754 TUDOR RD NORTH PALM BEACH FL 33408 US	Mailing Address 1754 TUDOR RD NORTH PALM BEACH FL 33408 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0169446	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
SURIANO, BETH L
1754 TUDOR RD
NORTH PALM BEACH FL 33408

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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* DATE 3/17/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME PD COLIA-CYPHERS, JEANNE STREET ADDRESS 2424 24TH LN CITY-ST-ZIP PALM BEACH GARDENS FL 33418	<input type="checkbox"/> Delete
TITLE NAME VPD WHITMER, SUSANNE STREET ADDRESS 1802 SW BARTELL AVE CITY-ST-ZIP PORT SAINT LUCIE FL 34953	<input checked="" type="checkbox"/> Delete
TITLE NAME SD SURIANO, BETH STREET ADDRESS 1754 TUDOR RD CITY-ST-ZIP NORTH PALM BEACH FL 33408	<input checked="" type="checkbox"/> Delete
TITLE NAME S LEASE, JACQUELYN STREET ADDRESS 11715 WATERBEND CT CITY-ST-ZIP WELLINGTON FL 33414	<input checked="" type="checkbox"/> Delete
TITLE NAME P WILLSEY, JIM STREET ADDRESS 5600 POINSENIA AVE APT 2003 CITY-ST-ZIP WEST PALM BEACH FL 33407	<input checked="" type="checkbox"/> Delete
TITLE NAME T SUICIANO, BETH STREET ADDRESS 1754 TUDOR RD CITY-ST-ZIP NORTH PALM BEACH FL 33408	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME <i>President</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <i>(same) Colia - Cypress, grass</i>	
TITLE NAME <i>JUDY RAZOOK</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <i>Vice President</i>	
STREET ADDRESS <i>725 Huckleberry Ln</i>	
CITY-ST-ZIP <i>North Palm Beach FL 33408</i>	
TITLE NAME <i>Secretary</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <i>JUDY REW</i>	
STREET ADDRESS <i>139 PARKWOOD DR</i>	
CITY-ST-ZIP <i>ROYAL PALM BEACH, FL 33411</i>	
TITLE NAME <i>Treasurer</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <i>SURIANO, BETH (spelling only)</i>	
STREET ADDRESS <i>1754 Tudor Rd</i>	
CITY-ST-ZIP <i>North Palm Beach 33408</i>	

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 like empowered.

SIGNATURE: *Beth L. Suriano (Treasurer)* DATE 3/17/02 **561-744-4412**

CR2E037 (9/01)