

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39895

FILED
May 25, 2005
Secretary of State

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

Current Principal Place of Business:

1754 TUDOR RD
NORTH PALM BEACH, FL 33408 US

New Principal Place of Business:

Current Mailing Address:

1754 TUDOR RD
NORTH PALM BEACH, FL 33408 US

New Mailing Address:

FEI Number: 65-0169446 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: RAZOOK, JUDY
Address: 725 HUCKLEBERRY LN
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: ST () Delete
Name: REW, JUDY
Address: 139 PARKWOOD DR
City-St-Zip: WEST PALM BEACH, FL 33411

Title: T () Delete
Name: SURIANO, BETH
Address: 1754 TUDOR RD.
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: P () Delete
Name: GLINSKI, HELEN
Address: 6940 43RD TERRACE
City-St-Zip: WEST PALM BEACH, FL 33404

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: LEASE, JACKIE
Address: 11715 WATERBEND COURT
City-St-Zip: WELLINGTON, FL 33414

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETH L. SURIANO

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05/25/2005

Electronic Signature of Signing Officer or Director

_____ Date