


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 06, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N39895</b>	
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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**DO NOT WRITE IN THIS SPACE**



07012006 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>65-0169446</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Beth L. Suriano* 6/30/06  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DAY

**Filing Fee is \$61.25**  
**Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEASE, JACKIE 11715 WATERBEND COURT WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST REW, JUDY 139 PARKWOOD DR WEST PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SURIANO, BETH 1754 TUDOR RD. NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GLINSKI, HELEN 6940 43RD TERRACE WEST PALM BEACH, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 07/06/06-80004-005 70.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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* 6/30/06 561-694-8361  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #