

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 30, 2008  
Secretary of State

DOCUMENT# N39895

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

**Current Principal Place of Business:**

2705 SW REGENCY RD  
STUART, FL 34997 US

**New Principal Place of Business:**

**Current Mailing Address:**

2705 SW REGENCY RD  
STUART, FL 34997 US

**New Mailing Address:**

FEI Number: 65-0169446      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BURNS, LAEL J  
2705 SW REGENCY RD  
STUART, FL 34997 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: PRES ( ) Delete  
Name: LEASE, JACKIE  
Address: 11715 WATERBEND COURT  
City-St-Zip: WELLINGTON, FL 33414

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

Title: T ( ) Delete  
Name: BURNS, LAEL  
Address: 2705 SW REGENCY RD  
City-St-Zip: STUART, FL 34997

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

Title: B ( ) Delete  
Name: SURIANO, BETH L  
Address: 1754 TUDOR RD  
City-St-Zip: NORTH PALM BEACH, FL 33408 24

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: REW, JUDY  
Address: 139 PARKWOOD DR  
City-St-Zip: WEST PALM BEACH, FL 33411

Title: ST (X) Change ( ) Addition  
Name: FOCKLER, ANDREA  
Address: 1011 CROW ST  
City-St-Zip: JUPITER, FL 33458

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 exemption stated 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 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: LAEL J BURNS

TR

04/30/2008

Electronic Signature of Signing Officer or Director

Date