

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2012
Secretary of State

DOCUMENT# N39895

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

Current Principal Place of Business:

9222 SE DUNCAN ST.
HOBE SOUND, FL 33455 US

New Principal Place of Business:

8693 SE JARDIN ST.
HOBE SOUND, FL 33455 US

Current Mailing Address:

9222 SE DUNCAN ST.
HOBE SOUND, FL 33455 US

New Mailing Address:

8693 SE JARDIN ST.
HOBE SOUND, FL 33455 US

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
9222 SE DUNCAN ST.
HOBE SOUND, FL 33455 US

Name and Address of New Registered Agent:

BURNS, LAEL J
8693 SE JARDIN ST.
HOBE SOUND, FL 33455 US

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: LAEL J BURNS

04/29/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: GIORDANI, ANDREA
Address: 6981 SE CONSTITUTION BLVD. #104
City-St-Zip: HOBE SOUND, FL 33455

Title: ST
Name: WISNIESKI, HEATHER
Address: 2665 E.COMMUNITY DR.
City-St-Zip: JUPITER, FL 33458

Title: T
Name: BURNS, LAEL
Address: 8693 SE JARDIN ST.
City-St-Zip: HOBE SOUND, FL 33455

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

I hereby 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 all other like empowered.

SIGNATURE: LAEL J BURNS

TREA

04/29/2012

Electronic Signature of Signing Officer or Director

Date