

FILED
May 07, 2003 8:00 am
Secretary of State

02-05-2003 90157 041 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N39895



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

55038368

Principal Place of Business
**1754 TUDOR RD
 NORTH PALM BEACH FL 33408
 US**

Mailing Address
**1754 TUDOR RD
 NORTH PALM BEACH FL 33408
 US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

4. FEI Number **65-0169446**
 Applied For
 Not Applicable

City & State

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **COLIA-CYPHERS, JEANNE**
 STREET ADDRESS **2424 24TH LN**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE **PD** Change Addition
 NAME **Judy Razoock**
 STREET ADDRESS **725 HUCKLEBERRY LN**
 CITY-ST-ZIP **North Palm Beach, FL 33408** (D)

TITLE **VP** Delete
 NAME **RAZOOK, JUDY**
 STREET ADDRESS **725 HUCKLEBERRY LN**
 CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** Delete
 NAME **REW, JUDY**
 STREET ADDRESS **139 PARKWOOD DR**
 CITY-ST-ZIP **WEST PALM BEACH FL 33411** (T)

TITLE Change Addition
 NAME **Same**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** Delete
 NAME **SURIANO, BETH**
 STREET ADDRESS **1754 TUDOR RD**
 CITY-ST-ZIP **NORTH PALM BEACH FL 33408** (T)

TITLE Change Addition
 NAME **SAME**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** Delete
 NAME **SURICIANO, BETH**
 STREET ADDRESS **1754 TUDOR RD**
 CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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* (BETH SURICIANO) 1/3/03 561-744-4412
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)