

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N98000001640

FILED  
Feb 19, 2003  
Secretary of State

Entity Name: SOCIETY FOR VASCULAR NURSING, INC.

## Current Principal Place of Business:

7794 GROW DR.  
PENSACOLA, FL 32514

## New Principal Place of Business:

## Current Mailing Address:

7794 GROW DR.  
PENSACOLA, FL 32514

## New Mailing Address:

FEI Number: 31-1609723

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PUETZ, BELINDA E PHD,RN  
7794 GROW DR.  
PENSACOLA, FL 32514

## 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: D ( ) Delete  
Name: PUETZ, BELINDA E PHD.  
Address: 7794 GROW DR.  
City-St-Zip: PENSACOLA, FL 32514

Title: SD ( ) Delete  
Name: WIEGAND, CATHERINE  
Address: 4442 CLAREWOOD DRIVE  
City-St-Zip: TOLEDO, OH 43623

Title: TD ( ) Delete  
Name: ROBINSON, CAROLYN  
Address: 16128 JACQUARA AVENUE  
City-St-Zip: LAKEVILLE, MN 55044

Title: PD ( ) Delete  
Name: BRUNI, KAREN  
Address: 378 WELLINGTON ROAD  
City-St-Zip: DELMAR, NY 12054

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: LOVELL, MARJORIE  
Address: 449 REGAL DRIVE  
City-St-Zip: LONDON, ON N5Y1K1 CA

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

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

Title: D (X) Change ( ) Addition  
Name: STRAUSS, ROBYN  
Address: 123 BRENTWOOD ROAD  
City-St-Zip: HAVERVIEW, PA 19083

Title: D ( ) Change (X) Addition  
Name: SCHMIDT, KATE  
Address: 4735 DEBRA LANE  
City-St-Zip: SHOREVIEW, MN 55126

Title: D ( ) Change (X) Addition  
Name: AQUILA, ANNE  
Address: 20 STONEHEDGE PLACE  
City-St-Zip: CHESHIRE, CT 06410

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: BELINDA E PUETZ

ED

02/19/2003

Electronic Signature of Signing Officer or Director

Date