2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State
03-05-2007 90059 026 ****61.25

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1. Entity Name
PALM BEACH FLORIDA ASSOCIATION OF OCCUPATIONAL HEALTH NURSES, INC.

Principal Place of Business	Mailing Address
160 AUSTRALIAN AVE., STE. 102 W. PALM BEACH, FL 33406	160 AUSTRALIAN AVE., STE. 102 W. PALM BEACH, FL 33406

03012007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0908920 ☐ Applied For ☐ Not Applicable

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
ROBERTS, SCOTT C ESQ 37 N ORANGE AVE STE 200 ORLANDO, FL 32801	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D BREWER, ANNIE 160 AUSTRALIAN AVE., STE. 102 W. PALM BEACH, FL 33406	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition President Brewer, Annie ← to ← Same
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DAVIS, DEBRA S 1882 SE ELROSE STREET PORT SAINT LUCIE, FL 34952	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition V. P. Collins, Kellie 4516 S.W. Yamada Dr. Pt. Saint Lucie, Fla. 34953
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT D'ALAURO, MARLENE 8588 THOUSAND PINES CT WEST PALM BEACH, FL 33411	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition Secretary Summers, Wendy 160 Australian Ave. St. 102 W.P.B., Fla. 33406
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV BONVENTO, DANIELLE 160 AUSTRALIAN AVE WEST PALM BEACH, FL 33406	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition D Bonvento, Danielle 160 Australian Ave WP.B Fla. 33406
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COUPLAND, DANA 3417 WASHINGTON RD WEST PALM BEACH, FL 33405	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition D Kniffin, Vera-Lynn Jup. med Center 1210 S. Old Dixie Hwy Jupiter, Fla. 33478
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MILLER, KAREN 2384 A SE OCEAN BLVD PORT SAINT LUCIE, FL 34996	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition D Davis, Kathleen 347 Country Club Dr. Tequesta. Fla. 33458

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: Marlene Rizzolo - Marlene Rizzolo RN. (treasurer) 3.1.07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 561 835-4085