2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2012
Secretary of State

DOCUMENT# N99000001052

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

Current Principal Place of Business:

160 AUSTRALIAN AVE., STE. 102
W. PALM BEACH, FL 33406

New Principal Place of Business:

Current Mailing Address:

160 AUSTRALIAN AVE., STE. 102
W. PALM BEACH, FL 33406

New Mailing Address:

FEI Number: 65-0908920 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBERTS, SCOTT C ESQ
37 N ORANGE AVE STE 200
ORLANDO, FL 32801 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: D
Name: BREWER, ANNIE
Address: 160 AUSTRALIAN AVE., STE. 102
City-St-Zip: W. PALM BEACH, FL 33406 PB

Title: P
Name: MOSLEY, SUSAN R.N.
Address: 1210 S. OLLD DIXIE HWY.
City-St-Zip: JUPITER, FL 33458 PB

Title: T
Name: D'ALAURO, MARLENE RN
Address: 8588 THOUSAND PINES CT
City-St-Zip: WEST PALM BEACH, FL 33411 PB

Title: S
Name: FIELD, DONNA S RN
Address: 2201 45TH ST.
City-St-Zip: WEST PALM BEACH, FL 33407 PB

Title: VP
Name: DAVIS, KATHLEEN RN
Address: 347 COUNTRY CLUB DR.
City-St-Zip: TEQUESTA, FL 33458

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: MARLENE D'ALAURO T 03/20/2012

Electronic Signature of Signing Officer or Director Date