	ing Address:			
	RN LEAF TRL			
HOBE SOUN	ID, FL 33455 US			
FEI Number: 65-0169446			Certificate of Status Desired: No	
Name and A	ddress of Current Registered Agent:			
BURNS, LAEL 3 2705 SW REGE STUART, FL 34	NCY RD			
The above named	entity submits this statement for the purpose of changing its regis	tered office or regis	tered agent, or both, in the State of Florida.	
SIGNATURE: LAEL J BURNS			04/02/2023	;
	Electronic Signature of Registered Agent		Date	
Officer/Dire	ctor Detail :			
Title				
Title	PRES	Title	ST	
Name	PRES GIORDANI, ANDREA	Title Name	ST VOSS, IRENIA	
Name Address	GIORDANI, ANDREA	Name	VOSS, IRENIA 188 RIVER DR	
Name Address	GIORDANI, ANDREA 6100 SE TURN LEAF TRL	Name Address	VOSS, IRENIA 188 RIVER DR	
Name Address City-State-Zip:	GIORDANI, ANDREA 6100 SE TURN LEAF TRL HOBE SOUND FL 33455	Name Address City-State-Zip:	VOSS, IRENIA 188 RIVER DR TEQUESTA FL 33469	
Name Address City-State-Zip: Title	GIORDANI, ANDREA 6100 SE TURN LEAF TRL HOBE SOUND FL 33455 T	Name Address City-State-Zip: Title	VOSS, IRENIA 188 RIVER DR TEQUESTA FL 33469 B	

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

04/02/2023 BOARD OF DIRECTOR

Electronic Signature of Signing Officer/Director Detail

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39895

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

Current Principal Place of Business:

6100 SE TURN LEAF TRL HOBE SOUND, FL 33455

Current Mailing Address:

FILED Apr 02, 2023 Secretary of State 4214638331CC

Date