

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N39895

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

**FILED**  
**Apr 28, 2015**  
**Secretary of State**  
**CC9219211522**

**Current Principal Place of Business:**

9222 SE DUNCAN ST.  
HOBE SOUND, FL 33455

**Current Mailing Address:**

9222 SE DUNCAN ST.  
HOBE SOUND, FL 33455 US

**FEI Number: 65-0169446**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BURNS, LAEL J  
9222 SE DUNCAN ST.  
HOBE SOUND, FL 33455 US

*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

**Officer/Director Detail :**

Title            PRES  
Name            SCHULTZ, ESTHER  
Address        110 BAYBERRY CIR.  
City-State-Zip: JUPITER FL 33458

Title            ST  
Name            GLILNSKI, HELEN  
Address        6940 43RD TERRACE  
City-State-Zip: WEST PALM BEACH FL 33404

Title            T  
Name            BURNS, LAEL  
Address        9222 SE DUNCAN ST.  
City-State-Zip: HOBE SOUND FL 33455

Title            B  
Name            GLINSKI, HELEN  
Address        6940 43RD TERRACE  
City-State-Zip: WEST PALM BEACH FL 33404

*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 BURNS

TREASURER

04/28/2015

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date