

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N39895

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

**FILED**  
**Apr 09, 2020**  
**Secretary of State**  
**8325078206CC**

**Current Principal Place of Business:**

2705 SW REGENCY RD  
STUART, FL 34997

**Current Mailing Address:**

18929 SE HILLCREST DRIVE  
TEQUESTA, FL 33469 US

**FEI Number: 65-0169446**

**Certificate of Status Desired: No**

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

RAGOSA, MERRIE  
18929 SE HILLCREST DRIVE  
TEQUESTA, FL 33469 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: MERRIE RAGOSA

04/09/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRES	Title	ST
Name	BURNS, LAEL	Name	FOCKLER, ANDREA
Address	2705 SW REGENCY RD	Address	902 TURNER QUAY
City-State-Zip:	STUART FL 34997	City-State-Zip:	JUPITER FL 33458-4340
Title	T	Title	B
Name	RAGOSA, MERRIE	Name	SURIANO, BETH
Address	18959 SE HILLCREST DRIVE	Address	1754 TUDOR RD
City-State-Zip:	TEQUESTA FL 33469	City-State-Zip:	JUNO ISLES FL 33408-2435

*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

PRESIDENT

04/09/2020

Electronic Signature of Signing Officer/Director Detail

Date