

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001640

Entity Name: SOCIETY FOR VASCULAR NURSING, INC.**Current Principal Place of Business:**9400 W. HIGGINS RD.
STE 315
ROSEMONT, IL 60018**Current Mailing Address:**9400 W. HIGGINS RD.
STE 315
CHICAGO, IL 60018 US**FEI Number:** 31-1609723**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 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 PAST PRESIDENT
Name OWEN, CHRIS
Address 3909 W. SHORE DR.
City-State-Zip: EDGEWATER MD 21037

Title PRESIDENT
Name VOGEL, BARBARA
Address 303 BUTTONWOODS RD.
City-State-Zip: ELKTON MD 21921

Title TREASURER
Name BOZEMAN, PATRICIA
Address 1 LENORA DRIVE
City-State-Zip: WEST SIMSBURY CT 06092

Title INTER-SOCIETY RELATIONS
DIRECTOR
Name BRONSON, JOANNA
Address 9400 W. HIGGINS RD.
STE 315
City-State-Zip: ROSEMONT IL 60018

Title DIRECTOR
Name MORAN, ALEXANDRA
Address 1311 WOODLAND ST.
City-State-Zip: NASHVILLE TN 37206

Title DIRECTOR
Name HANRAHAN, KAREN
Address 25 EDWARDS ST.
City-State-Zip: QUINCY MA 02169

Title DIRECTOR
Name COLBURN, ANDREA
Address 2819 ARBOR EDGE CROSSING
City-State-Zip: TEXAS CITY TX 77568

Title DIRECTOR
Name BAUER, KAREN
Address 5750 EAGLE PARK RD.
City-State-Zip: SYLVANIA OH 43560

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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: BRONSON, JOANNAINTER-SOCIETY
RELATIONS DIRECTOR

01/20/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	PRESIDENT-ELECT
Name	CROWELL, NANCY
Address	8169 123RD AVE SE
City-State-Zip:	LAKE LILLIAN MN 56253