

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001640

Entity Name: SOCIETY FOR VASCULAR NURSING, INC.**Current Principal Place of Business:**100 CUMMINGS CENTER 124A
BEVERLY, MA 01915**Current Mailing Address:**100 CUMMINGS CENTER 124A
BEVERLY, MA 01915**FEI Number: 31-1609723****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**NRAI SERVICES, INC.
515 EAST PARK AVE
TALLAHASSEE, FL 32301 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 OTHER, PAST PRESIDENT
Name CHRISTENSEN, CYNTHIA
Address 529 NORTHERN TRACE CT.
City-State-Zip: POLK CITY IA 50226

Title PRESIDENT
Name LOVELL, MARGE
Address 449 REGAL DR.
City-State-Zip: LONDON N5Y1K-1

Title SECRETARY
Name DEVEAUX, THERESA
Address 405 VIRGINIA AVE.
City-State-Zip: PASADENA MD 21122

Title TREASURER
Name NIMMER, VICKIE
Address 1630 COUNTRY CLUB DR
City-State-Zip: MARION IA 64303

Title DIRECTOR
Name WEINLEIN, SHARON
Address 37 WEDGEWOOD DR.
City-State-Zip: LOUDONVILLE NY 12211

Title DIRECTOR
Name SOSSOMAN, LESLIE BETH
Address 4450 IRISH WOODS DR.
City-State-Zip: CONCORD NC 28025

Title DIRECTOR
Name GROLLER, KAREN
Address 2482 MOUNTAIN RD.
City-State-Zip: BATH PA 18014

Title DIRECTOR
Name RICH, KATHLEEN
Address 1307 PARK RD.
City-State-Zip: CHESTERTON IN 46304

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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: ANGELA WETHERBEE**DIRECTOR****01/15/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HUGHES, BERTHA
Address 20 AMELIA ST.
City-State-Zip: TORONTO ONTARIO M4X 1E1

Title DIRECTOR
Name WETHERBEE, ANGELA
Address 100 CUMMINGS CENTER
 SUITE 124A
City-State-Zip: BEVERLY MA 01915