

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000001640

**Entity Name:** SOCIETY FOR VASCULAR NURSING, INC.**Current Principal Place of Business:**633 N. SAINT CLAIR STREET  
22ND FLOOR  
CHICAGO, IL 60611**Current Mailing Address:**633 N. SAINT CLAIR STREET  
22ND FLOOR  
CHICAGO, IL 60611 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 DIRECTOR  
Name ALIX, KRISTEN  
Address 633 N. SAINT CLAIR STREET  
22ND FLOOR  
City-State-Zip: CHICAGO IL 60611

Title PRESIDENT  
Name STREET, TIFFANY  
Address 633 N. SAINT CLAIR STREET  
City-State-Zip: CHICAGO IL 60611

Title TREASURER  
Name MOULTON, DEWEY  
Address 633 N. SAINT CLAIR STREET  
22ND FLOOR  
City-State-Zip: CHICAGO IL 60611

Title INTER-SOCIETY RELATIONS  
MANAGER  
Name BRONSON, JOANNA  
Address 633 N. SAINT CLAIR STREET  
22ND FLOOR  
City-State-Zip: CHICAGO IL 60611

Title SECRETARY  
Name FLANAGAN, PATTY  
Address 197 HOESVILLE RD  
City-State-Zip: BROADALBIN NY 12025

Title DIRECTOR  
Name OWEN, CHRIS  
Address 633 N. SAINT CLAIR STREET  
22ND FLOOR  
City-State-Zip: CHICAGO IL 60611

Title PAST PRESIDENT  
Name ROSSI, MARIE  
Address 27 SCOTCH MIST WAY  
City-State-Zip: MALTA NY 12020

Title DIRECTOR  
Name SOLA, CRISTINA  
Address 6400 FANNIN SUITE 285  
City-State-Zip: HOUSTON TX 77030

**Continues on page 2**

*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:** JOANNA BRONSONINTER-SOCIETY  
RELATIONS MANAGER

01/17/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

|                 |                    |                 |                          |
|-----------------|--------------------|-----------------|--------------------------|
| Title           | DIRECTOR           | Title           | PRESIDENT-ELECT          |
| Name            | VOGEL, BARBARA     | Name            | CHRISTENSEN, CYNTHIA     |
| Address         | 303 BUTTONWOODS RD | Address         | 520 NORTHERN TRACE COURT |
| City-State-Zip: | ELKTON MD 21921    | City-State-Zip: | POLK CITY IA 50226       |