

**2023 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 VOGEL, BARBARA  
Address 4755 OGLETOWN-STANTON ROAD  
City-State-Zip: NEWARK DE 19713

Title TREASURER  
Name MORAN, ALEXANDRA  
Address 1211 MEDICAL CENTER DRIVE  
City-State-Zip: NASHVILLE TN 37232

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

Title PRESIDENT  
Name CROWELL, NANCY  
Address 3535 BLUE CROSS ROAD  
City-State-Zip: EAGAN MN 55122

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

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

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

*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

01/14/2023

Electronic Signature of Signing Officer/Director Detail

Date