

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 21, 2016
Secretary of State
CC8008947015

Entity Name: FLORIDA WEST COAST ASSOCIATION OF OCCUPATIONAL HEALTH NURSES, INC.

Current Principal Place of Business:

1701 43 ST NORTH
SAINT PETERSBURG, FL 33713

Current Mailing Address:

1701 43 ST NORTH
SAINT PETERSBURG, FL 33713

FEI Number: 59-3583271

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOCKWOOD, DAVID CESQ
501 EAST KENNEDY BLVD.
SUITE 1500
TAMPA, FL 33602 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 DP
Name FIGURA-DELIA, TRICIA RN
Address 2802 WINDING TRAIL DRIVE
City-State-Zip: VALRICO FL 33556

Title DT
Name MAXWELL, BARB RN
Address 1701 43RD ST NORTH
City-State-Zip: ST. PETERSBURG FL 33713

Title PE
Name DAVIDSON, SHERRILYNN ARNP
Address 2010 59TH STREET WEST
SUITE 3600
City-State-Zip: BRADENTON FL 34209

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: BARB MAXWELL

TREASURER

01/21/2016

Electronic Signature of Signing Officer/Director Detail

Date