

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000001044

**FILED  
Jan 09, 2015  
Secretary of State  
CC2901393158**

**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**

**01/09/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date