

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001052

Entity Name: PALM BEACH FLORIDA ASSOCIATION OF OCCUPATIONAL
HEALTH NURSES, INC.

Current Principal Place of Business:

160 AUSTRALIAN AVE., STE. 102
W. PALM BEACH, FL 33406

Current Mailing Address:

160 AUSTRALIAN AVE., STE. 102
W. PALM BEACH, FL 33406

FEI Number: 65-0908920

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROBERTS, SCOTT CESQ
37 N ORANGE AVE STE 200
ORLANDO, FL 32801 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 PRESIDENT
Name BREWER, ANNIE
Address 160 AUSTRALIAN AVE., STE. 102
City-State-Zip: W. PALM BEACH FL 33406

Title T
Name D'ALAURO, MARLENE RN
Address 8588 THOUSAND PINES CT
City-State-Zip: WEST PALM BEACH FL 33411

Title DIRECTOR
Name CARRILLO, MERCEDES RN
Address 169 AUSTRALIAN AVE SUITE 102
City-State-Zip: WEST PALM BEACH FL 33406

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: D'ALAURO , MARLENE RN

TREASURER

02/17/2016

Electronic Signature of Signing Officer/Director Detail

Date