

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718221

FILED  
Jan 22, 2012  
Secretary of State

**Entity Name:** FLORIDA STATE ASSOCIATION OF OCCUPATIONAL HEALTH NURSES, INC.

**Current Principal Place of Business:**

2425 SW 3RD AVE  
#149  
OCALA, FL 34471

**New Principal Place of Business:**

**Current Mailing Address:**

2425 SW 3RD AVE  
#149  
OCALA, FL 34471

**New Mailing Address:**

**FEI Number:** 23-7085649

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FARIS, CARSON RN  
2425 SW 3RD AVE  
#149  
OCALA, FL 34471 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: NICKERSON, SCOTT  
Address: 106 W TARGA CT  
City-St-Zip: TAMPA, FL 33606 US

Title: VP  
Name: DICKEN, DEBORAH  
Address: 4110 ADAMS RD  
City-St-Zip: PACE, FL 32571

Title: T  
Name: FARIS, CARSON  
Address: 2425 SW 3RD AVE #149  
City-St-Zip: OCALA, FL 34471

Title: S  
Name: MAXWELL, BARB  
Address: 1701 43RD STREET NORTH  
City-St-Zip: ST PETERSBURG, FL 33713

Title: D  
Name: VOLLER, PAM  
Address: 633 PONCE DE LEON  
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: D  
Name: COLLINS, KELLIE  
Address: 4516 YAMADA DR.  
City-St-Zip: PORT ST LUCIE, FL 34953

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: CARSON FARIS

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01/22/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date