


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90098 040 ****61.25

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DOCUMENT # 722762					
1. Entity Name FLORIDA ASSOCIATION OF NURSE ANESTHETISTS, INC.					
Principal Place of Business 222 S WESTMONTE DRIVE SUITE 101 ALTAMONTE SPRINGS, FL 32714 US			Mailing Address P O BOX 150127 222 S. WESTMONTE DRIVE, #101 ALTAMONTE SPRINGS, FL 32715 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip			Zip		
Country			Country		
32714			US		
03272006			Chg-NP		CR2E037 (11/05)
4. FEI Number			59-6140748		Applied For
					Not Applicable
5. Certificate of Status Desired			<input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent					
KAUTTER, TINA 222 S. WESTMONTE DRIVE, #101 ALTAMONTE SPRINGS, FL 32714					
7. Name and Address of New Registered Agent					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City					
FL Zip Code					
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	PED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAZ-REILLY, DEBRA		NAME	Diaz, Debra	
STREET ADDRESS	816 NW 11 ST # 1201		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33136		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NAWALANIC, JOHN		NAME	McFadden, John	
STREET ADDRESS	2900 NE 23RD PLACE		STREET ADDRESS	3608 Glenwater Lane	
CITY-ST-ZIP	POMPANO BEACH, FL 33062		CITY-ST-ZIP	Bonita Springs FL 34134	
TITLE	PED	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBBS, DOLORES		NAME		
STREET ADDRESS	695 NE 93RD STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33138		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAUTTER, TINA		NAME		
STREET ADDRESS	222 S WESTMONTE #101		STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIVER, SUZANNE		NAME		
STREET ADDRESS	3760 NORTH 55TH AVE		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33021		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Tina Kautter			4/5/06		407-774-7880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #