

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90216 023 ****61.25

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
222 S WESTMONTE DR
STE 101
ALTAMONTE SPRINGS, FL 32714 US

40071478



2. Principal Place of Business - No P.O. Box #		3. Mailing Address		02122007 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-6140748	
Zip		Zip		Applied For Not Applicable	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KAUTTER, TINA 222 S. WESTMONTE DRIVE, #101 ALTAMONTE SPRINGS, FL 32714		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$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 NAME STREET ADDRESS CITY-ST-ZIP	PED DIAZ, DEBRA 816 NW 11TH ST, # 1201 MIAMI, FL 33136 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MCFADDEN, JOHN 3608 GLENWATER LN BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GIBBS, DOLORES 695 NE 93RD STREET MIAMI, FL 33138 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAUTTER, TINA 222 S WESTMONTE #101 ALTAMONTE SPRINGS, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OLIVER, SUZANNE 3760 NORTH 55TH AVE HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an other like empowered.

SIGNATURE: Tina Kautter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/07

Date

407-774-7880

Daytime Phone #