

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90054 040 ****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

401



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03112008 Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-6140748

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$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

Signature, typed or printed name of registrant agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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

TITLE NAME	Weiner, Bruce A.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	9901 Emerald Links Drive	
CITY-ST-ZIP	Tampa FL 33626	
TITLE NAME	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	VPD Umadhay, L Anthony	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	610 W Las Olas Blvd 1015N	
CITY-ST-ZIP	Fort Lauderdale FL 33312	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	STD Schirle, Lori	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	19619 Trails End Terrace	
CITY-ST-ZIP	Jupiter FL 33458	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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 *Tina Kautter*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/08

407-774-7880

Date

Daytime Phone *