

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722762

FILED
Mar 26, 2010
Secretary of State

Entity Name: FLORIDA ASSOCIATION OF NURSE ANESTHETISTS, INC.

Current Principal Place of Business:

222 S WESTMONTE DRIVE
SUITE 101
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

222 S WESTMONTE DRIVE
SUITE 101
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

FEI Number: 59-6140748

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAUTTER, TINA
222 S. WESTMONTE DRIVE, #101
ALTAMONTE SPRINGS, FL 32714 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: VPD
Name: ACEVEDO, DANIEL
Address: 7440 SW 132ND ST
City-St-Zip: MIAMI, FL 33156

Title: STD
Name: THIBEAULT, KATHLEEN
Address: 2616 LONE PINE RD
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: PED
Name: STEIGHNER, MICHAEL
Address: 5916 JEFFERSON PARK DR
City-St-Zip: TAMPA, FL 33625

Title: D
Name: KAUTTER, TINA
Address: 222 S WESTMONTE #101
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: PD
Name: SCHIRLE, LORI
Address: 19619 TRAILS END TERRACE
City-St-Zip: JUPITER, FL 33458

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: TINA KAUTTER

D

03/26/2010

Electronic Signature of Signing Officer or Director

Date