2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2012
Secretary of State

DOCUMENT# 722762

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: HOGAN, GERARD T
Address: 326 6TH ST
City-St-Zip: ATLANTIC BEACH, FL 32233

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

Title: PED
Name: WEINER, BRUCE A
Address: 9909 EMERALD LINKS DR
City-St-Zip: TAMPA, FL 33626

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

Title: STD
Name: PERRY, DEBORAH
Address: 2809 FRITZKE RD
City-St-Zip: DOVER, FL 33527

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 BMD 02/20/2012

Electronic Signature of Signing Officer or Director Date