2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2007
Secretary of State

DOCUMENT# 739412

Entity Name: FLORIDA STATE CHAPTER OF THE ASSOCIATION OF REHABILITATION NURSES, INC.

Current Principal Place of Business:

4367 WILLOW BROOK CIRCLE
WEST PALM BEACH, FL 33417

New Principal Place of Business:

Current Mailing Address:

4367 WILLOW BROOK CIRCLE
WEST PALM BEACH, FL 33417

New Mailing Address:

FEI Number: 59-1957071 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DIMICK, KAREN E
4367 WILLOW BROOK CIRCLE
WEST PALM BEACH, FL 33417 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:	PD	( ) Delete
Name:	SCULLY, KARYN	
Address:	11025 NW 37TH ST.	
City-St-Zip:	CORAL SPRINGS, FL 33075	
Title:	VPD	( ) Delete
Name:	FLETCHER, INA	
Address:	2836 N.E. 33RD STREET	
City-St-Zip:	LIGHTHOUSE POINT, FL 33064	
Title:	TR	( ) Delete
Name:	DIMICK, KAREN E	
Address:	4367 WILLOW BROOK CIRCLE	
City-St-Zip:	WEST PALM BEACH, FL 33417	
Title:	CS	( ) Delete
Name:	BROWN, SUE G	
Address:	516 SW 72 AVENUE	
City-St-Zip:	NORTH LAUDERDALE, FL 33068	
Title:	RS	( ) Delete
Name:	MANGAN, CAROL	
Address:	4809 NE 1ST TERR	
City-St-Zip:	POMPANO BEACH, FL 33064	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KAREN E DIMICK TD 04/14/2007

Electronic Signature of Signing Officer or Director — Date