2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#739412

Secretary of State

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

New Principal Place of Business: Current Principal Place of Business:

1415 DEER HOLLOW BLVD SARASOTA, FL 34232

Current Mailing Address: New Mailing Address:

1415 DEER HOLLOW BLVD SARASOTA, FL 34232

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HOHL, LOIS E 1415 DEER HOLLOW BLVD SARASOTA, FL 34232

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:

GLENNON, KEVIN Name: Address: 1028 DURANGO ST S E City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title:

Name: SHARMAN, SUZANNE Address: 1741 SW 56 AVE City-St-Zip: PLANTATION, FL 33317

Title:

HOHL, LOIS E Name:

1415 DEER HOLLOW BLVD Address: City-St-Zip: SARASOTA, FL 34232

Title: CS

BROWN, SUE G

Name: Address: 516 SW 72 AVENUE

City-St-Zip: NORTH LAUDERDALE, FL 33068

Title:

DIMICK, KAREN E Name:

4367 WILLOW BROOK CIRCLE Address: City-St-Zip: WEST PALM BEACH, FL 33417

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: LOIS HOHL **TREA** 02/24/2011