

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739412

FILED
Mar 26, 2012
Secretary of State

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

Current Principal Place of Business:

1415 DEER HOLLOW BLVD
SARASOTA, FL 34232

New Principal Place of Business:

Current Mailing Address:

1415 DEER HOLLOW BLVD
SARASOTA, FL 34232

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:

HOHL, LOIS E
1415 DEER HOLLOW BLVD
SARASOTA, FL 34232 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
Name: SHARMAN, SUZANNE
Address: 1741 S W 56 AVE
City-St-Zip: PLANTATION, FL 33317

Title: VPD
Name: MARTELLI, BARBARA
Address: 7050 S W 8TH STREET
City-St-Zip: PLANTATION, FL 33317

Title: TR
Name: HOHL, LOIS E
Address: 1415 DEER HOLLOW BLVD
City-St-Zip: SARASOTA, FL 34232

Title: CS
Name: ETMAN, DAWN
Address: 3100 E FLETCHER AVE
City-St-Zip: TAMPA, FL 33613

Title: RS
Name: BAGLEY, DONNA
Address: 11388 N W 18TH MANOR
City-St-Zip: CORAL SPRINGS, FL 33071

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 E HOHL

TR

03/26/2012

Electronic Signature of Signing Officer or Director

Date