

751959

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies

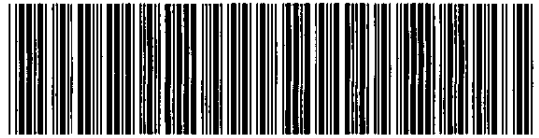


Certificates of Status



Special Instructions to Filing Officer:

Office Use Only



100143887961

02/20/09--01026--011 **52.50

FILED
09 MAR 26 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend
Thurs
3-27-09

COVER LETTER

TO: Amendment Section
Division of Corporations

*Change of
Agent &
Officers*

NAME OF CORPORATION: Florida Society Of PeriAneathesia Nurses, Incorporated

DOCUMENT NUMBER: 751959

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nancy G Fishman

(Name of Contact Person)

Florida Society Of PeriAneathesia Nurses, INC

(Firm/ Company)

8344 Wilson Blvd

(Address)

Jacksonville, FL 32210

(City/ State and Zip Code)

For further information concerning this matter, please call:

Nancy G Fishman

(Name of Contact Person)

at (904) 956-3101

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☒ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 24, 2009

NANCY G. FISHMAN
FLORIDA SOCIETY OF PERIANESTHESIA NURSES
8344 WILSON BLVD.
JACKSONVILLE, FL 32210

SUBJECT: FLORIDA SOCIETY OF PERIANESTHESIA NURSES,
INCORPORATED
Ref. Number: 751959

We have received your document for FLORIDA SOCIETY OF PERIANESTHESIA NURSES, INCORPORATED and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

If there are MEMBERS ENTITLED TO VOTE on a proposed amendment, the document must contain: (1) the date of adoption of the amendment by the members and (2) a statement that the number of votes cast for the amendment was sufficient for approval.

If there are NO MEMBERS OR MEMBERS ENTITLED TO VOTE on a proposed amendment, the document must contain: (1) a statement that there are no members or members entitled to vote on the amendment and (2) the date of adoption of the amendment by the board of directors.

If the corporation is a PROFIT corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a NOT FOR PROFIT corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 009A00006360
2009 MAR 26 10:00 AM
RECEIVED
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

Articles of Amendment
to
Articles of Incorporation
of

FILED
09 MAR 26 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Florida Society of PeriAnesthesia Nurses, Incorporated
(Name of Corporation as currently filed with the Florida Dept. of State)

751959

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

8344 Wilson Blvd

JACKSONVILLE, FL 32210

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

8344 Wilson Blvd

Jacksonville, FL 32210

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

Nancy G Fishman

New Registered Office Address:

8344 Wilson Blvd

(Florida street address)

Jacksonville

(City)

Florida 32210

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Nancy G Fishman
Signature of New Registered Agent, if changing

(Attach additional sheets, if necessary)

3433
see attached for
officers

[illegible]

Officers Changes

Please add

Treasurer
Nancy Fishman
8344 Wilson Blvd
Jacksonville, FL 32210

Sect
Cheryl Jeffers
27 Filmore St
Orlando, FL 32607

The date of each amendment(s) adoption: March 23, 2009

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated March 23, 2009

Signature Patricia C. Legg
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Patricia C. Legg
(Typed or printed name of person signing)

President - Elect
(Title of person signing)