

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**  
 04-26-2001 90252 044 \*\*\*\*61.25

001/48

**DOCUMENT # F00000003061**

1. Entity Name

**AMERICAN ASSOCIATION OF NURSE ATTORNEYS, INC.**

Principal Place of Business

7794 GROW DRIVE  
 PENSACOLA FL 32514-7072

Mailing Address

7794 GROW DRIVE  
 PENSACOLA FL 32514-7072

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**52-1841736**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**PUETZ, BELINDA E PHD.RN**  
**7794 GROW DRIVE**  
**PENSACOLA FL 32514-7072**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	AUSTIN, SALLY N	
STREET ADDRESS	1105 SANCTUARY PKWY., SUITE 400	
CITY-ST-ZIP	ALPHARETTA GA 30004	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	FLEMING, VIRGINIA M	
STREET ADDRESS	42 JUNIPER ROAD	
CITY-ST-ZIP	ANDOVER MA 01810	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WESTFALL, PENNY G	
STREET ADDRESS	% ONE CAPITOL MALL	
CITY-ST-ZIP	SACRAMENTO CA 95814	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROOKE, PENNY S	
STREET ADDRESS	25 S. MEDICAL DRIVE	
CITY-ST-ZIP	SALT LAKE CITY UT 84112	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRANT, PAULA DIMEO	
STREET ADDRESS	888 16TH ST., NW, SUTIE 400	
CITY-ST-ZIP	WASHINGTON DC 20006	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GOBIS, LINDA J	
STREET ADDRESS	631 HAZEL STREET	
CITY-ST-ZIP	OSHKOSH WI 54902	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Diane Kjervik	
STREET ADDRESS	106 Portsmith Place	
CITY-ST-ZIP	Chapel Hill, NC 27516	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Penny Westfall	
STREET ADDRESS	2200 River Plaza Drive	
CITY-ST-ZIP	Sacramento, CA 95833	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joanne Sheehan	
STREET ADDRESS	1 Eliot Place	
CITY-ST-ZIP	Fairfield, CT 06430	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Elizabeth Beall	
STREET ADDRESS	103 Greenwood Drive	
CITY-ST-ZIP	Morgantown, WV 26505	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)