2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F00000003061

Entity Name: AMERICAN ASSOCIATION OF NURSE ATTORNEYS, INC.

FILED Jan 31, 2002 8:00 AM Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
7794 GROW DRIVE PENSACOLA, FL 325147072					
Current Mailing Address:			New Maili	New Mailing Address:	
7794 GROW DRIVE PENSACOLA, FL 325147072					
FEI Number: 52-1841736 FEI Number Applied For () FEI Nu		Number Not Appl	Imber Not Applicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
PUETZ, BELINDA E PHD.RN 7794 GROW DRIVE PENSACOLA, FL 325147072					
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:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ()[KJERVIK, DIAEN 106 PORTSMITH CHAPEL HILL, N	I PL	Title: Name: Address: City-St-Zip:	P (X) Change () Addition FLEMING, VIRGINIA M 42 JUNIPER ROAD ANDOVER, MA 01810	
Title: Name: Address: City-St-Zip:	S () [WESTFALL, PEN 2200 RIVER PLA SACRAMENTO, (ZA DR	Title: Name: Address: City-St-Zip:	S (X) Change () Addition SHEEHAN, JOANNE 1 ELIOT PLACE FAIRFIELD, CT 06430	
Title: Name: Address: City-St-Zip:	T ()[SHEEHAN, JOAN 1 ELIOT PL FAIRFIELD, CT		Title: Name: Address: City-St-Zip:	T (X) Change () Addition BEALL, ELIZABETH 103 GREENWOOD DRIVE MORGANTOWN, WV 26505	
Title: Name: Address: City-St-Zip:	D ()[BROOKE, PENN' 25 S. MEDICAL [SALT LAKE CITY	DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D ()[GRANT, PAULA [888 16TH ST., N WASHINGTON, [W, SUTIE 400	Title: Name: Address: City-St-Zip:	D (X) Change () Addition RADLAUER, BARBARA 165 STATE STREET, SUITE 502 NEW LONDON, CT 06320	
Title: Name: Address: City-St-Zip:	D ()E BEALL, ELIZABE 103 GREENWOO MORGANTOWN,	DD DR	Title: Name: Address: City-St-Zip:	D (X) Change () Addition MOONEY, MONICA L 10629 OAKLYN DRIVE POTOMAC, MD 20854	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: VIRGINIA FLEMING P 01/31/2002

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