

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000003061

FILED
Feb 01, 2004
Secretary of State

Entity Name: AMERICAN ASSOCIATION OF NURSE ATTORNEYS, INC.

Current Principal Place of Business:

7794 GROW DRIVE
PENSACOLA, FL 325147072

New Principal Place of Business:

Current Mailing Address:

7794 GROW DRIVE
PENSACOLA, FL 325147072

New Mailing Address:

FEI Number: 52-1841736

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PUETZ, BELINDA E PHD.RN
7794 GROW DRIVE
PENSACOLA, FL 325147072

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: P () Delete
Name: WESTFALL, PENNY
Address: 2200 RIVER PLAZA DRIVE
City-St-Zip: SACRAMENTO, CA 95833

Title: D () Delete
Name: SHEEHAN, JOANNE
Address: 1 ELIOT PLACE
City-St-Zip: FAIRFIELD, CT 06430

Title: T () Delete
Name: WALUS WIGLE, JACKIE
Address: 6120 BEAUMONT
City-St-Zip: LAJOLLA, CA 92037

Title: D () Delete
Name: BLAIR, PATRICIA
Address: 301 UNIVERSITY BLVD.
City-St-Zip: GALVESTON, TX 77555

Title: S () Delete
Name: RADLAUER, BARBARA
Address: 165 STATE STREET, SUITE 502
City-St-Zip: NEW LONDON, CT 06320

Title: D () Delete
Name: KITCHEN, LOUANN
Address: 111 SOUTH OAK KNOLL AVENUE
City-St-Zip: PASADENA, CA 91101

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SHEEHAN, JOANNE P
Address: 1 ELIOT PLACE
City-St-Zip: FAIRFIELD, CT 06430

Title: D (X) Change () Addition
Name: BLAIR, PATRICIA D
Address: 301 UNIVERSITY BOULEVARD
City-St-Zip: GALVESTON, TX 77555

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MIKOS, CYNTHIA A
Address: 205 N. PARSONS AVE., SUITE A
City-St-Zip: BRANDON, FL 33510

Title: S (X) Change () Addition
Name: BUTLER, KAREN
Address: 90 STATE STREET, SUITE 1500
City-St-Zip: ALBANY, NY 12207

Title: D (X) Change () Addition
Name: ZIEL, SUSAN
Address: ONE INDIANA SQUARE
City-St-Zip: INDIANAPOLIS, IN 46204

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: JOANNE SHEEHAN

P

02/01/2004

Electronic Signature of Signing Officer or Director

Date