

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F00000005043**

1. Entity Name

THE AMERICAN ASSOCIATION OF NURSE ATTORNEYS FOJN**FILED**
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90252 034 ****61.25

0017747

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

52-1396728

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 \$61.259. 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	GRANT, PAULA D	
STREET ADDRESS	888 16TH STREET, N.W., SUITE 400	
CITY-ST-ZIP	WASHINGTON DC 20006	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	KJERVIK, DIANE K	
STREET ADDRESS	UNIV. OF N.C., CARRINGTON HALL CB 7460	
CITY-ST-ZIP	CHAPEL HILL NC 27599	
TITLE	T	<input type="checkbox"/> Delete
NAME	BOULAY, D M	
STREET ADDRESS	18 MID OAKS LANE	
CITY-ST-ZIP	ROSEVILLE MN 55113	
TITLE	D	<input type="checkbox"/> Delete
NAME	TROTT, M. JEANNE	
STREET ADDRESS	155 MYRTLE STREET	
CITY-ST-ZIP	MANCHESTER NH 03104	
TITLE	TRST	<input type="checkbox"/> Delete
NAME	MURTHA, RENA	
STREET ADDRESS	20 SCENIC DRIVE	
CITY-ST-ZIP	SUFFERN NY 10901	
TITLE	TRST	<input checked="" type="checkbox"/> Delete
NAME	AUSTIN, SALLY	
STREET ADDRESS	1105 SANCTUARY PARKWAY, SUITE 400	
CITY-ST-ZIP	ALPHARETTA GA 30004	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Penny Brooke	
STREET ADDRESS	2879 Jennie Lane	
CITY-ST-ZIP	Salt Lake City, UT 84117	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sally Austin	
STREET ADDRESS	1105 Sanctuary Pkw. Suite 400	
CITY-ST-ZIP	Alpharetta, GA 30004	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TRST	<input checked="" 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	TRST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Andrea Gansheimer	
STREET ADDRESS	835 Homer Avenue	
CITY-ST-ZIP	Palo Alto, CA 94301	

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:

Belinda E. Puetz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)