

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F01000000860

FILED
Mar 12, 2002 8:00 AM
Secretary of State

Entity Name: SOCIETY OF PEDIATRIC NURSES, INC.

Current Principal Place of Business:

7794 GROW DR
PENSACOLA, FL 325147072

New Principal Place of Business:

Current Mailing Address:

7794 GROW DR
PENSACOLA, FL 325147072

New Mailing Address:

FEI Number: 68-0229220

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 DR
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: D () Delete
Name: DUGGAN, MARY ANN
Address: 4 WAYNE RD
City-St-Zip: MONSON, MA 01057

Title: D () Delete
Name: TAYLOR, KAY R
Address: 4816 BIG OAKS LANE
City-St-Zip: ORLANDO, FL 32806

Title: D () Delete
Name: PAGE, NANCY E
Address: 3772 GRIFFIN RD
City-St-Zip: SYRACUSE, NY 13215

Title: D () Delete
Name: MAIKLER, VIRGINIA
Address: 311 N SEMINARY
City-St-Zip: PARK RIDGE, IL 60068

Title: P () Delete
Name: BOWDEN, VICKY R
Address: 2421 DENISE AVE
City-St-Zip: ORANGE, CA 92867

Title: V () Delete
Name: LARSON, BARBARA
Address: 17 W 444 WALTHAM PLACE
City-St-Zip: DARIEN, IL 60651

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: NICHOLSON, DANA K
Address: 5003 NOLDA STREET
City-St-Zip: HOUSTON, TX 77007

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

Title: TD (X) Change () Addition
Name: KOTZER, ANNE MARIE
Address: 5747 S. KENTON STREET
City-St-Zip: ENGLEWOOD, CO 80111

Title: PD (X) Change () Addition
Name: BOWDEN, VICKY R
Address: 2421 DENISE AVE
City-St-Zip: ORANGE, CA 92867

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

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: BELINDA E. PUETZ

DR.

03/12/2002

Electronic Signature of Signing Officer or Director

Date