

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004148

FILED
Jan 14, 2005
Secretary of State

Entity Name: AMERICAN RADIOLOGICAL NURSES ASSOCIATION, INC.

Current Principal Place of Business:

7794 GROW DRIVE
PENSACOLA, FL 32514

New Principal Place of Business:

Current Mailing Address:

7794 GROW DRIVE
PENSACOLA, FL 32514

New Mailing Address:

FEI Number: 52-1292273 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PUETZ, BELINDA
7794 GROW DRIVE
PENSACOLA, FL 32514 US

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: BEACH, DEBRA
Address: 437 NAPPANEE POINT
City-St-Zip: PEORIA, IL 61604

Title: D () Delete
Name: CARIDI, RHONDA RN, CRN
Address: 8327 SW 17TH LANE
City-St-Zip: GAINESVILLE, FL 32607

Title: D () Delete
Name: GLICKMAN, PATRICK
Address: 145 MEADOWLAND DRIVE
City-St-Zip: COLLEGEVILLE, PA 19426

Title: P () Delete
Name: ARMSTRONG, DELMA BSN, RN
Address: 304 HIGHVIEW DRIVE
City-St-Zip: CHAPEL HILL, NC 27517

Title: S () Delete
Name: SCHEFFER, KATHY BSN, RN
Address: 932 MILITARY ROAD EAST
City-St-Zip: TACOMA, WA 98445

Title: T () Delete
Name: JAN, SOPHIA BSN, RN
Address: 1431 DICKEN DRIVE
City-St-Zip: ANN ARBOR, MI 48103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: CARIDI, RHONDA
Address: 8327 SW 17TH LANE
City-St-Zip: GAINESVILLE, FL 32607

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

Title: P (X) Change () Addition
Name: ARMSTRONG, DELMA
Address: 304 HIGHVIEW DRIVE
City-St-Zip: CHAPEL HILL, NC 27517

Title: S (X) Change () Addition
Name: SCHEFFER, KATHY
Address: 932 MILITARY ROAD EAST
City-St-Zip: TACOMA, WA 98445

Title: T (X) Change () Addition
Name: JAN, SOPHIA
Address: 1431 DICKEN DRIVE
City-St-Zip: ANN ARBOR, MI 48103

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

ED

01/14/2005

Electronic Signature of Signing Officer or Director

_____ Date