2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004148

FILED Apr 12, 2006 Secretary of State

Entity Name: AMERICAN RADIOLOGICAL NURSES ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 7794 GROW DRIVE PENSACOLA, FL 32514 **Current Mailing Address: New Mailing Address:** 7794 GROW DRIVE PENSACOLA, FL 32514 FEI Number: 52-1292273 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PUETZ, BELINDA 7794 GROW DRIVE PENSACOLA, FL 32514 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition BEACH, DEBRA SNOBY, PAULETTE Name: Name: 437 NAPPANEE POINT Address: 2835 ROXBURGH DRIVE Address: City-St-Zip: PEORIA, IL 61604 City-St-Zip: ROSWELL, GA 30076 Title: () Delete Title: () Change () Addition Name: CARIDI, RHONDA Name: Address: 8327 SW 17TH LANE Address: City-St-Zip: GAINESVILLE, FL 32607 City-St-Zip: Title: () Delete Title: () Change () Addition GLICKMAN, PATRICK Name: Name: 145 MEADOWLAND DRIVE Address: Address: City-St-Zip: COLLEGEVILLE, PA 19426 City-St-Zip: Title: () Delete Title: (X) Change () Addition ARMSTRONG, DELMA Name: Name: ARMSTRONG, DELMA 304 HIGHVIEW DRIVE 304 HIGHVIEW DRIVE Address: Address: City-St-Zip: CHAPEL HILL, NC 27517 City-St-Zip: CHAPEL HILL, NC 27517 Title: () Delete Title: (X) Change () Addition SCHEFFER, KATHY SCHEFFER, KATHY Name: Name: 932 MILITARY ROAD EAST 932 MILITARY ROAD EAST Address: Address: City-St-Zip: TACOMA, WA 98445 City-St-Zip: TACOMA, WA 98445 Title: () Delete Title: () Change () Addition JAN. SOPHIA Name: Name: Address: 1431 DICKEN DRIVE Address: ANN ARBOR, MI 48103 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 O 04/12/2006