

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004148

FILED  
Apr 15, 2010  
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 (X)

**Name and Address of Current Registered Agent:**

DANCY, JON A  
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: PP  
Name: GREEN, KAREN  
Address: 12741 DUNKS FERRY PLACE  
City-St-Zip: PHILAE, PHIA, PA 19154 US

Title: P  
Name: BROWNE-MCMANUS, MARGARET  
Address: 8793 SHARMEAD HWY  
City-St-Zip: FAIR OAKS, CA 95628 US

Title: D  
Name: WICKERSHAM, BARBARA  
Address: 717 NORTH ST SE  
City-St-Zip: TUMWATER, WA 98501 US

Title: PE  
Name: MCDONALD, LINDA  
Address: 119 DOBSON ROAD  
City-St-Zip: MARS, PA 16046 US

Title: S  
Name: WARDROPE, RONALD  
Address: 3457 YORKWAY  
City-St-Zip: DUNDALK, MD 21222 US

Title: D  
Name: LEE, CHRISTY  
Address: 613 IDLEWOOD DRIVE  
City-St-Zip: LAFAYETTE, LA 70506 US

I hereby 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 all other like empowered.

SIGNATURE: DAN CARLSON

MGR

04/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date