

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004148

FILED
Jan 20, 2011
Secretary of State

Entity Name: ASSOCIATION FOR RADIOLOGIC AND IMAGING NURSING, 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:

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: T
Name: WICKERSHAM, BRENDA
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: JON A. DANCY

CEO

01/20/2011

Electronic Signature of Signing Officer or Director

Date