

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 11, 2011
Secretary of State

DOCUMENT# F05000000097

Entity Name: PEDIATRIC ENDOCRINOLOGY NURSING SOCIETY**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:** 38-2757646**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: P
Name: BURR, MARY
Address: 7794 GROW DRIVE
City-St-Zip: PENSACOLA, FL 32514 US

Title: PE
Name: COUTO, ISABEL
Address: 7794 GROW DRIVE
City-St-Zip: PENSACOLA, FL 32514 US

Title: D
Name: FOOTE, JAN
Address: 7794 GROW DRIVE
City-St-Zip: PENSACOLA, FL 32514 US

Title: S
Name: LEWIS, KEVIN
Address: 7794 GROW DRIVE
City-St-Zip: PENSACOLA, FL 32514 US

Title: T
Name: TINCHER, LEE ANN
Address: 7794 GROW DRIVE
City-St-Zip: PENSACOLA, FL 32514 US

Title: D
Name: CLARK, KATHY
Address: 7794 GROW DRIVE
City-St-Zip: PENSACOLA, FL 32514 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: MARY BURR

P

05/11/2011

Electronic Signature of Signing Officer or Director

Date