2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# F06000003949

Entity Name: PLASTIC SURGICAL NURSING CERTIFICATION BOARD, INC.

Current Principal Place of Business:

7794 GROW DR
PENSACOLA, FL 32514

New Principal Place of Business:

Current Mailing Address:

7794 GROW DR
PENSACOLA, FL 32514

New Mailing Address:

FEI Number: 20-4659398 **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 DR
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	( ) Delete
Name:	KUNZ, SUE	
Address:	5134 N. ELKHART AVE	
City-St-Zip:	WHITEFISH BAY, WI 53217 US	
Title:	ST	( ) Delete
Name:	JUMPP, DARLENE	
Address:	4303 GREEN PINE CT	
City-St-Zip:	LOUISVILLE, KY 40220 US	
Title:	D	( ) Delete
Name:	ALCORN, KELLY	
Address:	220 TANNER POINT DR	
City-St-Zip:	NEW MARKET, AL 35761 US	
Title:	D	( ) Delete
Name:	LEVIN, SHERI	
Address:	13 JOANN CT.	
City-St-Zip:	SEWEL, NJ 08080 US	
Title:	D	( ) Delete
Name:	FRAZEE, JACQUELINE	
Address:	19908 STOUGHTON DRIVE	
City-St-Zip:	STRONGSVILLE, OH 44149 US	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	L	( ) Change (X) Addition
Name:	HEDDENS, CLAUDETTE	
Address:	225 TARTAN DRIVE	
City-St-Zip:	NORTH LIBERTY, IA 52317 US	

I hereby certify that the information supplied with this filing does not qualify 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: DAN CARLSON D 04/08/2009

Electronic Signature of Signing Officer or Director — Date