## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F06000003949

Apr 15, 2<u>01</u>0 Secretary of State

Entity Name: PLASTIC SURGICAL NURSING CERTIFICATION BOARD, INC.

**New Principal Place of Business: Current Principal Place of Business:** 

7794 GROW DR

PENSACOLA, FL 32514

**Current Mailing Address: New Mailing Address:** 

7794 GROW DR PENSACOLA, FL 32514

FEI Number: 20-4659398 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

DANCY, JON A 7794 GŔOW DR

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:

Date

Electronic Signature of Registered Agent

**OFFICERS AND DIRECTORS:** 

JUMPP, DARLENE Name: Address: 4303 GREEN PINE CT City-St-Zip: LOUISVILLE, KY 40220 US

Title:

Name: BRAJKOVICH, CHRISTINE Address: 9500 EUCLID AVE A60 City-St-Zip: CLEVELAND, OH 44195 US

Title:

GAROFALO, JO ANN Name: 1041-103 WIREWOOD DR Address: City-St-Zip: RALEIGH, NC 27605 US

Title: ST

Name: LEVIN, SHERI 13 JOANN CT. Address:

City-St-Zip: SEWEL, NJ 08080 US

Title:

FRAZEE, JACQUELINE Name: 19908 STOUGHTON DRIVE Address: STRONGSVILLE, OH 44149 US City-St-Zip:

Title:

HINOJOSA, RENEE Name: Address: 4500 MOUNTAINGATE RENO, NV 89519 US City-St-Zip:

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