

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004014

FILED
Jan 16, 2007
Secretary of State

Entity Name: AMERICAN SOCIETY OF PLASTIC SURGICAL NURSES, 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: 51-0164353

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 () Delete
Name: DIENNO, MARCY E
Address: 22 HEMLOCK TRAIL, BOX 2253
City-St-Zip: POCONO PINES, PA 18350

Title: S () Delete
Name: BUCHHOLZ, LUANN
Address: 304 BOBBY DRIVE
City-St-Zip: FRANKLIN, TN 37069

Title: T () Delete
Name: FRITZSCHE, SHARON
Address: 37384 IRONWOOD DRIVE
City-St-Zip: YUCAIPA, CA 92399

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PP (X) Change () Addition
Name: DIENNO, MARCY E
Address: 22 HEMLOCK TRAIL, BOX 2253
City-St-Zip: POCONO PINES, PA 18350

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P () Change (X) Addition
Name: SILVERS, PAMALA
Address: 311 E. EATON AVE
City-St-Zip: SPOKANE, WA 99218

Title: D () Change (X) Addition
Name: SCHULTZ, PATRICIA
Address: 131 CHARLES DRIVE
City-St-Zip: HAVERTOWN, PA 19083

I hereby certify that the information supplied with this filing does not qualify for the 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: DANIEL R. CARLSON

FM

01/16/2007

Electronic Signature of Signing Officer or Director

Date