## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F06000004014

FILED Jan 12, 2008 Secretary of State

Entity Name: AMERICAN SOCIETY OF PLASTIC SURGICAL NURSES, INC.

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

7794 GROW DRIVE PENSACOLA, FL 32514

Current Mailing Address: New Mailing Address:

7794 GROW DRIVE PENSACOLA, FL 32514

FEI Number: 51-0164353 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

DANCY, JON A 7794 GROW DRIVE PENSACOLA, FL 32514 US

**OFFICERS AND DIRECTORS:** 

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PP ( ) Delete Title: P (X) Change ( ) Addition Name: DIENNO, MARCY E Name: HEDDENS, CLAUDETTE Address: 22 HEMLOCK TRAIL, BOX 2253 Address: 225 TARTAN DRIVE

City-St-Zip: POCONO PINES, PA 18350 City-St-Zip: NORTH LIBERTY, IA 52317 US

Title: S () Delete Title: PE (X) Change () Addition

 Name:
 BUCHHOLZ, LUANN
 Name:
 BUCHHOLZ, LUAN

 Address:
 304 BOBBY DRIVE
 Address:
 304 BOBBY DRIVE

 City-St-Zip:
 FRANKLIN, TN 37069
 City-St-Zip:
 FRANKLIN, TN 37069 US

Title: T ( ) Delete Title: PP (X) Change ( ) Addition

 Name:
 FRITZSCHE, SHARON
 Name:
 SILVERS, PAM

 Address:
 37384 IRONWOOD DRIVE
 Address:
 311 E EATON AVE

 City-St-Zip:
 YUCAIPA, CA 92399
 City-St-Zip:
 SPOKANE, WA 99218 US

Title: P ( ) Delete Title: T (X) Change ( ) Addition

 Name:
 SILVERS, PAMALA
 Name:
 FRITZSCHE, SHARON

 Address:
 311 E. EATON AVE
 Address:
 37384 IRONWOOD DRIVE

 City-St-Zip:
 SPOKANE, WA 99218
 City-St-Zip:
 YUCAIPA, CA 92339 US

Name: SCHULTZ, PATRICIA Name: KUNZ, SUE

Address: 131 CHARLES DRIVE Address: 5134 N. ELKHART AVE
City-St-Zip: HAVERTOWN, PA 19083 City-St-Zip: WHITEFISH BAY, WI 53217 US

Title: ( ) Delete Title: D ( ) Change (X) Addition

 Name:
 Name:
 SPEAR, MARCIA

 Address:
 Address:
 401 BLUEGRASS COURT

 City-St-Zip:
 City-St-Zip:
 LEBANON, TN 37090 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: JENNIFER CALLAN D 01/12/2008

Electronic Signature of Signing Officer or Director

Date