

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004014

FILED  
Apr 15, 2010  
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 (X)**

**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: BUCHHOLZ, LUANN  
Address: 304 BOBBY DRIVE  
City-St-Zip: FRANKLIN, TN 37069 US

Title: PE  
Name: FRITZSCHE, SHARON  
Address: 37384 IRONWOOD DRIVE  
City-St-Zip: YUCAIPA, CA 92399 US

Title: D  
Name: SPEAR, MARCIA  
Address: 401 BLUEGRASS CT  
City-St-Zip: LEBANON, TN 37090 US

Title: T  
Name: BOOTH, DEBBY  
Address: 211 GLENSTONE CIRCLE  
City-St-Zip: BRENTWOOD, TN 37027 US

Title: D  
Name: KUNZ, SUE  
Address: 5134 ELKHART AVENUE  
City-St-Zip: WHITEFISH BAY, WI 53217 US

Title: D  
Name: DYBEC, ROBERT  
Address: 1 LOCUST PLACE  
City-St-Zip: SOUTH HUNTINGTON, NY 11746 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:** DAN CARLSON

MGR

04/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date