

2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000008018

FILED
Jan 24, 2013
Secretary of State

Entity Name: NORTHEAST FLORIDA CHAPTER OF THE INTERNATIONAL TRANSPLANT NURSES SOCIETY, INC.

Current Principal Place of Business:

4205 BELFORT RD, SUITE 1100
JACKSONVILLE, FL 32216

New Principal Place of Business:

4500 SAN PABLO RD
TRANSPLANT CENTER - ATTN: BETH HAWLEY
JACKSONVILLE, FL 32224

Current Mailing Address:

PO BOX 51110
JACKSONVILLE, FL 32216

New Mailing Address:

PO BOX 51331
JACKSONVILLE BEACH, FL 32240

FEI Number: 32-0000985

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREZ, AMY
4205 BELFONT RD
STE 1100
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

BURCHFIELD, MINDY TREASUR
4500 SAN PABLO RD.
TRANSPLANT CENTER - ATTN: MINDY BURCHFIELD
JACKSONVILLE, FL 32224 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: MINDY BURCHFIELD

01/24/2013

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: HAWLEY, BETH
Address: 4500 SAN PABLO RD. - TRANSPLANT CENTER
City-St-Zip: JACKSONVILLE, FL 32224

Title: PE
Name: LANDUCCI, MARCY
Address: 4500 SAN PABLO RD. - TRANSPLANT CENTER
City-St-Zip: JACKSONVILLE, FL 32224

Title: TREA
Name: BURCHFIELD, MINDY
Address: 4500 SAN PABLO RD. - TRANSPLANT CENTER
City-St-Zip: JACKSONVILLE, FL 32224

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: BETH HAWLEY

PRES

01/24/2013

Electronic Signature of Signing Officer or Director

Date