2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004
Secretary of State

DOCUMENT# N02000007721

Entity Name: FLORIDA SUNSHINE CHAPTER OF THE SOCIETY OF UROLOGIC NURSES AND ASSOCIATES, INC.

Current Principal Place of Business:

507 DEL PRADO BLVD.
CAPE CORAL, FL 33990

New Principal Place of Business:

Current Mailing Address:

507 DEL PRADO BLVD.
CAPE CORAL, FL 33990

New Mailing Address:

FEI Number: 35-2183600 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HORMOZDI, LILLIAN
14749 MAHOE COURT
FT. MYERS, FL 33908 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: PD ( ) Delete
Name: HORMOZDI, LILLIAN
Address: 507 DEL PRADO
City-St-Zip: CAPE CORAL, FL 33990

Title: VPD ( ) Delete
Name: GEIGER, KERRY
Address: 1710 NE 1ST TERRACE
City-St-Zip: CAPE CORAL, FL 33909

Title: SD ( ) Delete
Name: YANCEY, TINA
Address: 2729 NICOLE CIRCLE
City-St-Zip: PALM HARBOR, FL 34684

Title: TD ( ) Delete
Name: MCLEAN, CINDY
Address: 507 DEL PRADO
City-St-Zip: CAPE CORAL, FL 33990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CINDY MCLEAN TD 03/03/2004

Electronic Signature of Signing Officer or Director — Date