2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2010
Secretary of State

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Entity Name: NAON SAINT AUGUSTINE CHAPTER,INC.

Current Principal Place of Business:

FLALER HOSPITAL
400 HEALTH PARK BLVD 8TH FLOOR
SAINT AUGUSTINE, FL 32086 US

New Principal Place of Business:

Current Mailing Address:

FLALER HOSPITAL
400 HEALTH PARK BLVD 8TH FLOOR
SAINT AUGUSTINE, FL 32086 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMAS, MERRY
400 HEALTH PARK BLVD. 8TH FLOOR
SAINT AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

CONNOWAY, CATHY
400 HEALTH PARK BLVD. 8TH FLOOR
SAINT AUGUSTINE, FL 32086 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: CATHY CONNAWAY 03/18/2010
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: CONNAWAY, CATHY
Address: FLAGLER HOSPITAL 400 HEALTH PARK BLVD 8 FL
City-St-Zip: SAINT AUGUSTINE, FL 32086 US

Title: VP
Name: KRONICK, MARILYN S
Address: FLAGLER HOSPITAL 400 HEALTH PARK BLVD 8 FL
City-St-Zip: SAINT AUGUSTINE, FL 32086 US

Title: TREA
Name: WILSON, PAULA
Address: FLAGLER HOSPITAL 400 HEALTH PARK BLVD 8 FL
City-St-Zip: SAINT AUGUSTINE, FL 32086 US

Title: SECT
Name: CORRODO, NAN
Address: FLAGLER HOSPITAL 400 HEALTH PARK BLVD 8 FL
City-St-Zip: SAINT AUGUSTINE, FL 32086 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: CATHY CONNAWAY PRES 03/18/2010
Electronic Signature of Signing Officer or Director Date