

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008253

**FILED**  
**Jan 19, 2012**  
**Secretary of State**

**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:**

CONNAWAY, CATHY PRES  
400 HEALTH PARK BLVD. 8TH FLOOR  
SAINT AUGUSTINE, FL 32086 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: PRES  
Name: CONNAWAY, CATHY PRES  
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: PAULA WILSON

TRES

01/19/2012

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

\_\_\_\_\_  
Date