

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004545

FILED
Apr 21, 2009
Secretary of State

Entity Name: BROWARD COUNTY CHAPTER OF THE SOCIETY OF PEDIATRIC NURSES, INC

Current Principal Place of Business:

3000 CORAL HILLS DRIVE
PEDIATRICS
CORAL SPRINGS, FL 33065

New Principal Place of Business:

3000 CORAL HILLS DRIVE
PEDIATRICS
CORAL SPRINGS, FL 33065 US

Current Mailing Address:

3000 CORAL HILLS DRIVE
PEDIATRICS
CORAL SPRINGS, FL 33065

New Mailing Address:

3000 CORAL HILLS DRIVE
PEDIATRICS
CORAL SPRINGS, FL 33065 US

FEI Number: 80-0183334

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUENO, PERLA M
3000 CORAL HILLS DRIVE
PEDIATRICS
CORAL SPRINGS, FL 33065 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 () Delete
Name: BUENO, PERLA M
Address: 3000 CORAL HILLS DRIVE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VP () Delete
Name: GORNEY, PATRICIA
Address: 3000 CORAL HILLS DRIVE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: T () Delete
Name: CONLEE, SYLVIA
Address: 3000 CORAL HILLS DRIVE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: SEC () Delete
Name: BOCK, CAREN
Address: 3000 CORAL HILLS DRIVE
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: CONLEE, SYLVIA E
Address: 3000 CORAL HILLS DRIVE
City-St-Zip: CORAL SPRINGS, FL 33065

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SYLVIA E CONLEE

T

04/21/2009

Electronic Signature of Signing Officer or Director

Date