

# 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