

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009612

FILED
Feb 16, 2010
Secretary of State

Entity Name: THE PATIENT SAFETY ORGANIZATION OF FLORIDA, INC.

Current Principal Place of Business:

306 E. COLLEGE AVE.
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

306 E. COLLEGE AVE.
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 26-3668577

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BELL, WILLIAM A
306 E. COLLEGE AVE.
TALLAHASSEE, FL 32301 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: D
Name: RUEBEN, BRUCE
Address: 306 EAST COLLEGE AVENUE
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: D
Name: BELL, WILLIAM A
Address: 306 EAST COLLEGE AVENUE
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: D
Name: QUICK, LINDA
Address: 6030 HOLLYWOOD BOULEVARD; SUITE 140
City-St-Zip: HOLLYWOOD, FL 33024 US

Title: D
Name: CALDWELL, JAIME
Address: 6030 HOLLYWOOD BOULEVARD; SUITE 140
City-St-Zip: HOLLYWOOD, FL 33024 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: WILLIAM A. BELL

DIR

02/16/2010

Electronic Signature of Signing Officer or Director

Date