

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR -3 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N40645** (6)

1. Corporation Name

THE ASSOCIATION OF OPERATING ROOM NURSES OF TAMPA BAY INC.

Principal Place of Business

Mailing Address

P. O. BOX 1987
TAMPA FL 33601-1987

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TAMPA FL 33601-1987

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/05/1990

3a. Date of Last Report

02/17/1994

4. FEI Number

59-2965696

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

\$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21

28

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HEALD, PAULA
3813 RAVENNA DR
VALRICO FL 33594

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligation of Section 607.0505, Florida Statutes.

SIGNATURE

Paula P. Heald

3/27/95

(Type, print, or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	BD
NAME	MCDONOUGH, LISHA
STREET ADDRESS	3904 BUTTERNUT CT.
CITY-ST-ZIP	BRANDON FL
TITLE	BD
NAME	SUSAN GEORGE
STREET ADDRESS	17607 CLOVER CREEK PLACE
CITY-ST-ZIP	LUTZ FL
TITLE	D
NAME	WILLIAMS, VIRGINIA
STREET ADDRESS	10842 PEPPERSONG DR.
CITY-ST-ZIP	RIVERVIEW FL
TITLE	S
NAME	HANSHAW, NINA
STREET ADDRESS	414 MARJORY DR
CITY-ST-ZIP	VALRICO FL
NAME	P
STREET ADDRESS	PICKENS, NANCY
CITY-ST-ZIP	1808 TAMERLANE PL BRANDON FL
TITLE	T
NAME	HEALD, PAULA
STREET ADDRESS	3813 RAVENNA DR
CITY-ST-ZIP	VALRICO FL

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	KAREN ZIFFRA
4.3 STREET ADDRESS	4255 W. HUMPHREY APT 2122
4.4 CITY-ST-ZIP	TAMPA, FL 33614-8108
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	GAYLE VOLTE
5.3 STREET ADDRESS	3003 RIPPLEWOOD DRIVE
5.4 CITY-ST-ZIP	SEFFNER, FL 33584
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Paula P. Heald
Gayle M. Volte

3/27/95

(F13) 681-0582