


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N40645 (6)
1. Corporation Name
THE ASSOCIATION OF OPERATING ROOM NURSES OF TAMPA BAY INC.



Principal Place of Business 5207 WHITEWAY DR. TEMPLE TERRACE FL 33617	Mailing Address 5207 WHITEWAY DR. TEMPLE TERRACE FL 33617
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3. Date Incorporated or Qualified 11/05/1990	
4. FEI Number 59-2965696	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
**HAMMOND, CONNIE L.
5207 WHITEWAY DR.
TEMPLE TERRACE FL 33617**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 obligations of, Section 617.0503, Florida Statutes.
SIGNATURE: *Connie Lee Hammond* **CONNIE LEE HAMMOND (Treasurer)** **1-10-98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE BD	NAME GREEN, KAREN	<input type="checkbox"/> DELETE
STREET ADDRESS 4423 TRANSUE DRIVE	CITY-ST-ZIP ZEPHYRHILLS FL	
TITLE BD	NAME ROJAS, ELLEN	<input type="checkbox"/> DELETE
STREET ADDRESS 14610 KNOLL RIDGE DRIVE	CITY-ST-ZIP TAMPA FL	
TITLE P	NAME MCDONALD, GAIL	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 1917 ELK SPRING DRIVE	CITY-ST-ZIP BRANDON FL	
TITLE S	NAME ZIFFRA, KAREN	<input type="checkbox"/> DELETE
STREET ADDRESS 3601 LANDINGS WAY DR.	CITY-ST-ZIP TAMPA FL 33624	
TITLE BD	NAME POWELL, BARBARA	<input type="checkbox"/> DELETE
STREET ADDRESS 934 DAPHNE DRIVE	CITY-ST-ZIP BRANDON FL	
TITLE T	NAME HAMMOND, CONNIE L.	<input type="checkbox"/> DELETE
STREET ADDRESS 5207 WHITEWAY DR.	CITY-ST-ZIP TEMPLE TERRACE FL 33617	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PRESIDENT
3.3 STREET ADDRESS	LESHA McDONOUGH
3.4 CITY-ST-ZIP	3904 BUTTERNUT CT
	BRANDON, FL 33511
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Connie Lee Hammond* **Connie Lee Hammond (Treasurer)** **1-10-98 (813) 988-7558**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Distinguishing Phone #

CR2E037 (10/97)