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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N40645

1. Corporation Name

THE ASSOCIATION OF OPERATING ROOM NURSES OF TAMP A BAY INC.

Principal Place of Business 5207 WHITEWAY DR. TEMPLE TERRACE FL 33617 Mailing Address

5207 WHITEWAY DR. TEMPLE TERRACE FL 33617

FILED Mar 03, 1999 8:00 am § Secretary of State

03-03-1999 90039 038 ****61.25



Suite, Apt. #, etc.												
Sulfe, Apt. 6, etc. Sulfe, Apt. 6, etc. 27 Sulfe, Apt. 6, etc. 28 Sulfe, Apt. 6, etc. 28 Sulfe, Apt. 6, etc. 28 Sulfe, Apt. 6, etc. 27 Sulfe, Apt. 6, etc. 28 Sulfe, Apt. 6, etc. 28 Sulfe, Apt. 6, etc. 28 Sulfe, Apt. 6, etc. 28 Sulfe, Ap	2. Principal Pl	lace of Business	2a.	Mailing Address		_	-		•			
Suite, Apt. 4, etc. Suite, Apt. 5, etc. 27	21		26					11/05/1990				
City & State City & State		#, etc.		Suite, Apt. #, etc.	_					Ар	olied For	
City & State Country Zip Country Zip Country S. Centicate of Status Desired \$8.75 Additional Fee Required \$8.	22		27					59-2965696 <u>-</u>	٠.	. No	Applicable	
20 Country Zip	City & State	e	H	City & State				5. Certificate of Status Desired	\$			
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name 12. Street Address (P.O. Box Number is Not Acceptable) 12. Street Address (P.O. Box Number is Not Acceptable) 13. Name 14. City 15. Pursuant to the provisions of Sections 817,0502 and 617,1508. Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and some of sections of sections of 17,0503. Piorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and smillar with, and accept the obligations of, Section 617,0503. Piorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and smillar with, and accept the obligations of, Section 617,0503. Piorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am similar with, and accept the obligations of, Section 617,0503. Piorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am similar with, and accept the appointment as registered agent. I am similar with, and accept the obligations of, Section 617,0503. Piorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am similar with, and accept the appointment as registered agent. I am similar with, and accept the appointment as registered agent. I am similar with, and accept the obligations of, Section 617,0503. Piorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered defice or registered defice or registered agent. I am submits with and accept the appointment as registered defice or registered agent. I am submits with and accept the appointment agent and registered agent. I am submits with and accept the appointment agent and registered agent. I am submits with and accept the appointment agent	23		28	7:	Country	_						
9. Name and Address of Current Registered Agent 19. Name and Address of New Registered Agent 19. Name HAMMOND, CONNEL 5207 WHITEWAY DR. TEMPLE TERRACE FL 33617 19. Street Address (P.O. Box Number is Not Acceptable) 5207 WHITEWAY DR. 53 TEMPLE TERRACE FL 33617 19. Street Address (P.O. Box Number is Not Acceptable) 5207 WHITEWAY DR. 53 THE Pursuant to the provisions of Sections 817,0502 and 617 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am femiliar with, and accept the obligations of, Section 517,0509, Florida Statutes. 53 SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. WAVE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. TITLE 15. DECETE 15. STREET ADDRESS 16. Change 16. Change 17. Change 18. Addition 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. Led a Dix SON 20. Martinique Avenue 10. Trampa, FL 336.06 10. Change 10. Change 10. Change 10. Change 10. Change 10. Change 11. STREET ADDRESS 12. ITTLE 10. Change 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. TITLE 15. True Trampa, FL 336.06 15. True Trampa, FL 336.06 16. Change 17. Change 18. Addition 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. TITLE 19. Change 19. Change 10. Cha						′						
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HAMMOND, CONNIE L 5207 WHITEWAY DR. TEMPLE TERRACE FL 33617 11. Pursuant to the provisions of Sections \$17.0502 and \$17.1508, Florida Statutues, the above-named corporation submits this statement for the purpose of changing its 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, and accept the obligations of, Sections 617.0503, Florida Statutes. SIGNATURE Symatom, 1996 to predict many agent, and that 9 spice. OFFICIENS AND DIRECTORS 12. OFFICIENS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE BD Change XYXAddison STREET ADDRESS 4423 TRANSUE DRIVE CITY-ST-ZP TAMPA FL 22 NAME PROJAS, ELLEN STREET ADDRESS 44610 KNOLL RIDGE DRIVE TITLE P Change XAddison STREET ADDRESS 33 STREET ADDRESS 13 STREET ADDRESS 13 STREET ADDRESS 13 STREET ADDRESS 14610 KNOLL RIDGE DRIVE TITLE P Change XAddison STREET ADDRESS 304 BUTTERNUT CT 33 STREET ADDRESS 13 STREET ADDRESS		9. Name and Address of Current	Regis	tered Agent	81	Т	Name	10. Maille and Address of New Kegistere	- vAei	<u> </u>		
SECT WHITEWAY DR. TEMPLE TERRACE FL 33617 Ba						Ι΄	1401110					
TEMPLE TERRACE FL 33617 84	HAMMOND, CONNIE L.						Street Addre	ress (P.O. Box Number is Not Acceptable)				
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 paponintment as registered agent, and accept the obligations of, Section 617.0503, Priorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and store it application. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19.						83						
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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 of Changed, or on an attachment with an address, with all other like empowered.

SIGNATUR#: