


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**


04-26-2006 90228 014 \*\*\*\*61.25

<b>DOCUMENT # N40645</b>	
1. Entity Name <b>THE ASSOCIATION OF OPERATING ROOM NURSES OF TAMPA BAY INC.</b>	

Principal Place of Business <b>15144 SPRINGVIEW TAMPA, FL 33624</b>	Mailing Address <b>15144 SPRINGVIEW TAMPA, FL 33624</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

**50016662**



04182006 Chg-NP CR2E037 (11/05)

4. FEI Number <b>59-2965696</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>SHORT, JOYCE 15144 SPRINGVIEW STREET TAMPA, FL 33624</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>S</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>President-Elect</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>PRESSLEY, SUSAN</b>		NAME <b>Janelle Essner</b>	
STREET ADDRESS <b>4131 QUEST BEAR DRIVE</b>		STREET ADDRESS <b>10803 Providence Oaks Drive</b>	
CITY-ST-ZIP <b>VALRICO, FL 33594</b>		CITY-ST-ZIP <b>River View, FL 33569</b>	
TITLE <b>P</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>SPRADLIN, LUDNIK</b>		NAME <b>Connie Garrett</b>	
STREET ADDRESS <b>701 KINGS WOOD PLACE</b>		STREET ADDRESS <b>11724 Tom Folsom Rd.</b>	
CITY-ST-ZIP <b>BRANDON, FL 33211</b>		CITY-ST-ZIP <b>Thornton, FL 33592</b>	
TITLE <b>T</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SHORT, JOYCE</b>		NAME	
STREET ADDRESS <b>15144 SPRINGVIEW</b>		STREET ADDRESS	
CITY-ST-ZIP <b>TAMPA, FL 33624</b>		CITY-ST-ZIP	
TITLE <b>PE</b>	<input type="checkbox"/> Delete	TITLE <b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PARKER, MARCIA</b>		NAME	
STREET ADDRESS <b>101 CAMBRIDGE TRAIL</b>		STREET ADDRESS	
CITY-ST-ZIP <b>SUN CITY CENTER, FL 33573</b>		CITY-ST-ZIP	
TITLE <b>BD</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>Board of Directors</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>ACOSTA, JENNIFER</b>		NAME <b>Mary Snowden Gordon</b>	
STREET ADDRESS <b>1115 S. LITHIA PINE CREST RD.</b>		STREET ADDRESS <b>14102 Hollingdale Rd</b>	
CITY-ST-ZIP <b>BRANDON, FL 33511</b>		CITY-ST-ZIP <b>Tampa, FL 33624</b>	
TITLE <b>BD</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DRAPER, MARY FRANC</b>		NAME	
STREET ADDRESS <b>2603 CAZUMEL DRIVE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>TAMPA, FL 33618</b>		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:** Joyce Short **4-23-06** **814-919-3938**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #