

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N49824

**FILED**  
**Jun 17, 2010**  
**Secretary of State**

**Entity Name:** SEXUAL ASSAULT NURSE EXAMINERS, INC.

**Current Principal Place of Business:**

1910 MATHIS RD  
ST CLOUD, FL 34771 US

**New Principal Place of Business:**

1941 MATHIS RD  
ST CLOUD, FL 34771 US

**Current Mailing Address:**

1910 MATHIS RD  
ST CLOUD, FL 34771 US

**New Mailing Address:**

1941 MATHIS RD  
ST CLOUD, FL 34771 US

**FEI Number:** 59-3133488

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

STEIOFF, PAMELA  
1910 MATHIS RD  
ST CLOUD, FL 34771 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: VPST  
Name: BEDNAR, JUDITH  
Address: 3236 TIMUCUA CR  
City-St-Zip: ORLANDO, FL

Title: P  
Name: STEIOFF, PAM  
Address: 1910 MATHIS RD  
City-St-Zip: ST CLOUD, FL

Title: D  
Name: PATEL, BARRY  
Address: 591 OAK COMMONS BLVD, SUITE  
City-St-Zip: KISSIMMEE, FL

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:** PAM STEIOFF

P

06/17/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date