

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000006033 (4)

1. Corporation Name

TAMPA BAY CHAPTER, THE AMERICAN ASSOCIATION OF NURSE ATTORNEYS, INC.



Principal Place of Business

Mailing Address

520 2ND AVENUE, S.
STE 300
ST PETE FL 33701
US

520 2ND AVE. S
STE 300
ST PETE FL 33701
US

3. Date Incorporated or Qualified
12/08/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 13577 Feather Sound Dr

26 P O Box 24064

4. FEI Number
59-3281657

Applied For
Not Applicable

22 Suite, Apt. #, etc.
Suite 300

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 City & State
Clearwater, FL

28 City & State
Tampa FL

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip Country
34622 Pinellas

29 Zip Country
33623 US

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KINZLER, LEE ANN M
520 SECOND AVE. SOUTH, STE. 300
ST. PETERSBURG FL 33701

81 Name Mikos, Cynthia A.
82 Street Address (P.O. Box Number is Not Acceptable)
40 Jacobs Fortizzo & Neal, PA
83 13577 Feather Sound Drive Suite 300
84 City Clearwater FL 85 Zip Code 34622

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 *Cynthia A. Mikos, President*

3/1/96

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KINZLER, ESO L ANN	
STREET ADDRESS	520 2ND AVE, SOUTH, STE 300	
CITY - ST - ZIP	ST PETE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MIKOS, ESO C A	
STREET ADDRESS	13577 FEATHER SOUND DR, STE 300	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ELINGER, ESO S M	
STREET ADDRESS	P.O. BX 14034 N/A	
CITY - ST - ZIP	TAMPA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BARNETT, ESO E A	
STREET ADDRESS	P.O. BX 24203 N/A	
CITY - ST - ZIP	TAMPA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	Collins, Suzanne	
STREET ADDRESS	401 South Albany Ave	
CITY - ST - ZIP	Tampa FL 33606	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	Kenna, Joanne	
STREET ADDRESS	12908 Lazy Pine Place	
CITY - ST - ZIP	Tampa FL 33624	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	VD	<input checked="" 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Cynthia A. Mikos* 3/29/96 (813) 571-1727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #

CR2E037 (12/95)