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Apr 30 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N94000006033 (4)**

1. Corporation Name

**TAMPA BAY CHAPTER, THE AMERICAN ASSOCIATION OF N
URSE ATTORNEYS, INC.**

Principal Place of Business

Mailing Address

13577 FEATHER SOUND DR.
SUITE 300
CLEARWATER FL 34622
USP.O. BOX 24064
TAMPA FL 33623-4064
US

3. Date Incorporated or Qualified

12/08/1994

3a. Date of Last Report

05/20/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 401 S. Albany Avenue

22 City & State

27 Suite, Apt. #, etc.

23 Zip Country

28 City & State

29 Tampa, FL

24 Zip Country

29 33606

30 USA

4. FEI Number

59-3281657

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐**\$5.00** May Be
Added to Fees8. 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

MIKOS, CYNTHIA A
C/O JACOBS FORLIZZO & NEAL, PA
13577 FEATHER SOUND DR., SUITE 300
CLEARWATER FL 34622

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME D
KINZLER, ESQ L ANN
STREET ADDRESS 520 2ND AVE, SOUTH, STE 300
CITY-ST-ZIP ST PETE FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME PD
MIKOS, ESQ C A
STREET ADDRESS 13577 FEATHER SOUND DR, STE 300
CITY-ST-ZIP CLEARWATER FL2.1 TITLE ☒ Change ☐ Addition
2.2 NAME D
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP 34622TITLE ☐ DELETE
NAME D
ELINGER, ESQ S M
STREET ADDRESS P.O. BX 14034 N/A
CITY-ST-ZIP TAMPA FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE ☒ DELETE
NAME VD
BARNETT, ESQ E A
STREET ADDRESS P.O. BX 24203 N/A
CITY-ST-ZIP TAMPA FL4.1 TITLE ☐ Change ☒ Addition
4.2 NAME T/D
Karen Dean
4.3 STREET ADDRESS 2502 Beachwood Lane
4.4 CITY-ST-ZIP Valrico, FL 33594TITLE ☐ DELETE
NAME TD
COLLINS, SUZANNE
STREET ADDRESS 401 SOUTH ALBANY AVE.
CITY-ST-ZIP TAMPA FL5.1 TITLE ☒ Change ☐ Addition
5.2 NAME P/D
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP 33606TITLE ☐ DELETE
NAME SD
KENNA, JOANNE
STREET ADDRESS 12908 LAZY PINE PLACE
CITY-ST-ZIP TAMPA FL6.1 TITLE ☐ Change ☐ 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 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: *Karen Dean* / KAREN A DEAN - TREASURER
DIRECTOR 4-8-97 (813) 684-9360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0048621

CR2E037 (9/96)