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FILED
May 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000006033 (4)**

1. Corporation Name

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



Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified	
13577 FEATHER SOUND DR. SUITE 300 CLEARWATER FL 34622 US		401 S. ALBANY AVE. TAMPA FL 33606 US		12/08/1994	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	
21 Suite, Apt. #, etc.		26 14802 N. Dale Mabry Hwy.		59-3281657	
22 City & State		27 Suite 333		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Tampa, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 33618		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		30 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MIKOS, CYNTHIA A C/O JACOBS FORLUZZO & 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KINZLER, ESQ L ANN	1.2 NAME	Daneil McAuliffe
STREET ADDRESS	520 2ND AVE, SOUTH, STE 300	1.3 STREET ADDRESS	100 N. Tampa St., Ste 2900
CITY-ST-ZIP	ST PETE FL	1.4 CITY-ST-ZIP	Tampa, FL 33602
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIKOS, ESQ C A	2.2 NAME	Mikos, ESQ C A
STREET ADDRESS	13577 FEATHER SOUND DR, STE 300	2.3 STREET ADDRESS	510 Vanderburg Dr., Ste 3005
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	Brandon, FL 33511
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELINGER, ESQ S M	3.2 NAME	Suzanne Suarez
STREET ADDRESS	P.O. BX 14034 N/A	3.3 STREET ADDRESS	14902 North Dale Mabry
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Tampa, FL 33618
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEAN, KAREN	4.2 NAME	Dean, Karen
STREET ADDRESS	2502 BEACHWOOD LANE	4.3 STREET ADDRESS	201 E. Kennedy Blvd., Ste 1950
CITY-ST-ZIP	VALRICO FL	4.4 CITY-ST-ZIP	Tampa, FL 33602
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, SUZANNE	5.2 NAME	Collins, Suzanne
STREET ADDRESS	401 SOUTH ALBANY AVE.	5.3 STREET ADDRESS	401 S. Albany Ave.
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	Tampa, FL
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNA, JOANNE	6.2 NAME	Kenna, Joanne
STREET ADDRESS	12908 LAZY PINE PLACE	6.3 STREET ADDRESS	600 Cleveland St., Ste 790
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP	Clearwater, FL 33755

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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 4/29/98 (813) 962-8135

CP2E037 (10/97)