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**Secretary of State**

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0050993

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N94000006033**

1. Corporation Name

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

Principal Place of Business

13577 FEATHER SOUND DR.  
SUITE 300  
CLEARWATER FL 34622  
US

Mailing Address

14902 N DALE MABRY HWY  
SUITE 333  
TAMPA FL 33618  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

12/08/1994

4. FEI Number

59-3281657

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE PD  
NAME MCAULIFFE, DANEIL  
STREET ADDRESS 100 N TAMPA STREET, SUITE 2900  
CITY-ST-ZIP TAMPA FL 33602 ☒ DELETE

TITLE D  
NAME MIKOS, ESQ C A  
STREET ADDRESS 510 VANDERBURG, DR, SUITE 3005  
CITY-ST-ZIP BRANDON FL 33511 ☐ DELETE

TITLE TD  
NAME SUAREZ, SUZANNE  
STREET ADDRESS 14902 NORTH DALE MABRY  
CITY-ST-ZIP TAMPA FL 33618 ☐ DELETE

TITLE SD  
NAME DEAN, KAREN  
STREET ADDRESS 201 E KENNEDY BLVD, SUITE 1950  
CITY-ST-ZIP TAMPA FL 33602 ☐ DELETE

TITLE D  
NAME COLLINS, SUZANNE  
STREET ADDRESS 401 SOUTH ALBANY AVE.  
CITY-ST-ZIP TAMPA FL ☐ DELETE

TITLE VPD  
NAME KENNA, JOANNE  
STREET ADDRESS 600 CLEVELAND STREET, SUITE 790  
CITY-ST-ZIP CLEARWATER FL 33755 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TD

505 East Jackson Street, Ste. 200  
Tampa, FL 33602

V/D

P/D

5401 West Kennedy Blvd. Ste 800 Lincoln CTR  
Tampa, FL 33609

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/3/99

CR2E037 (11/98)