

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006033

FILED  
Feb 15, 2006  
Secretary of State

**Entity Name:** TAMPA BAY CHAPTER, THE AMERICAN ASSOCIATION OF NURSE ATTORNEYS, INC.

**Current Principal Place of Business:**

2018 E 4TH AVE  
TAMPA, FL 336055216 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 24064  
TAMPA, FL 336234064 US

**New Mailing Address:**

PO BOX 172356  
TAMPA, FL 336722356 US

**FEI Number:** 59-3281657

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MIKOS, CYNTHIA A  
2018 E 4TH AVE  
TAMPA, FL 336055216 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: P ( ) Delete  
Name: DEAN, KAREN A ESQ  
Address: 501 E KENNEDY BLVD, STE 1700  
City-St-Zip: TAMPA, FL 336025239 US

Title: VP ( ) Delete  
Name: MONTAGNO, JOAN ESQ  
Address: 800 E TWIGGS ST, RM 480  
City-St-Zip: TAMPA, FL 336023549 US

Title: S ( ) Delete  
Name: NICEWONDER-MURRAY, KIMBERLY M ESQ  
Address: 411 S WESTLAND AVE #4  
City-St-Zip: TAMPA, FL 33606 US

Title: T ( ) Delete  
Name: HENDRY, CAROLE A ESQ  
Address: 3100 FLETCHER AVE.  
City-St-Zip: TAMPA, FL 336134688 US

Title: D ( ) Delete  
Name: MCAULIFFE, DANEIL M ESQ  
Address: 28163 US HWY 19 N, STE 200  
City-St-Zip: CLEARWATER, FL 33761 US

Title: D ( ) Delete  
Name: WILSON, SUSAN M ESQ  
Address: 100 S ASHLEY DR, STE 150  
City-St-Zip: TAMPA, FL 336025341 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MURRAY, KIMBERLY RN JD  
Address: 411 S WESTLAND AVE UNIT 4  
City-St-Zip: TAMPA, FL 33606 US

Title: VP (X) Change ( ) Addition  
Name: CHIARELLI, MEREDITH RN CLNC  
Address: 2519 MCMULLEN BOOTH RD STE 510-268  
City-St-Zip: CLEARWATER, FL 33761 US

Title: S (X) Change ( ) Addition  
Name: MONTAGNO, JOAN RN MPH  
Address: 800 E TWIGGS ST RM 480D  
City-St-Zip: TAMPA, FL 33602 US

Title: T (X) Change ( ) Addition  
Name: COLLINS, SUZANNE E RN MPH  
Address: 401 W KENNEDY BLVD BOX 10F  
City-St-Zip: TAMPA, FL 33606 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: SUAREZ, SUZANNE H ESQ  
Address: PO BOX 13215  
City-St-Zip: TAMPA, FL 336813215 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CYNTHIA A MIKOS

D

02/15/2006

Electronic Signature of Signing Officer or Director

Date