2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
02-23-2007 90026 007 ****61.25

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

Principal Place of Business	Mailing Address
2018 E 4TH AVE TAMPA, FL 33605-5216 US	PO BOX 172356 TAMPA, FL 33672-2356 US

02032007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3281657 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MIKOS, CYNTHIA A 2018 E 4TH AVE TAMPA, FL 33605-5216	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MURRAY, KIMBERLY RN JD 411 S WESTLAND AVE UNIT 4 TAMPA, FL 33606	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	vice president Karen Rose Fowler White 501 E Kennedy Blvd Ste 1700 Tampa FL 33601	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CHIARELLI, MEREDITH RN CLNC 2519 MCMULLEN BOOTH RD STE 510-268 CLEARWATER, FL 33761	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	president (Same)	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MONTAGNO, JOAN RN MPH 800 E TWIGGS ST RM 480D TAMPA, FL 33602	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Patrisha Calhoun Buchanan Ingersoll 401 E. Jackson St Ste 2500 Tampa FL. 33602	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T COLLINS, SUZANNE E RN MPH 401 W KENNEDY BLVD BOX 10F TAMPA, FL 33606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCAULIFFE, DANEIL M ESQ 28163 US HWY 19 N, STE 200 CLEARWATER, FL 33761	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SUAREZ, SUZANNE H ESQ PO BOX 13215 TAMPA, FL 336813215	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Cynthia Mikos Director 2018 E 4th Ave Tampa Fl 33605	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Suzanne Elliott Collins, treasurer 2/20/07 813-253-3333 x 3665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

*see reverse for 2 additional directors