

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006033

FILED  
Apr 03, 2012  
Secretary of State

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

**Current Principal Place of Business:**

202 S ROME AVE  
STE 100  
TAMPA, FL 336061854 US

**New Principal Place of Business:**

**Current Mailing Address:**

202 S ROME AVE  
STE 100  
TAMPA, FL 336061854 US

**New Mailing Address:**

**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 ESQ  
202 S ROME AVE  
STE 100  
TAMPA, FL 336061854 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: D  
Name: MIKOS, CYNTHIA A ESQ.  
Address: 202 S ROME AVE STE 100  
City-St-Zip: TAMPA, FL 336061854 US

Title: D  
Name: COLLINS, SUZANNE E MPH PHD  
Address: 401 W KENNEDY BLVD STE 10F  
City-St-Zip: TAMPA, FL 336061450 US

I hereby 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 all other like empowered.

SIGNATURE: CYNTHIA A MIKOS

D

04/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date