

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001044

FILED
Jan 22, 2012
Secretary of State

Entity Name: FLORIDA WEST COAST ASSOCIATION OF OCCUPATIONAL HEALTH NURSES, INC.

Current Principal Place of Business:

1701 43 ST NORTH
SAINT PETERSBURG, FL 33713

New Principal Place of Business:

Current Mailing Address:

1701 43 ST NORTH
SAINT PETERSBURG, FL 33713

New Mailing Address:

FEI Number: 59-3583271

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOCKWOOD, DAVID C ESQ
501 EAST KENNEDY BLVD.
SUITE 1500
TAMPA, FL 33602 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: DP
Name: BUSH, DEBBIE RN
Address: 1345 WEST BAY DRIVE, SUITE 403
City-St-Zip: LARGO, FL 33770

Title: DT
Name: MAXWELL, BARB RN
Address: 1701 43RD ST NORTH
City-St-Zip: ST. PETERSBURG, FL 33713

Title: PE
Name: FIGURA-DELIA, TRISH RN
Address: 2802 WINDING TRAIL DRIVE
City-St-Zip: VALRICO, FL 33596

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: BARB MAXWELL

DT

01/22/2012

Electronic Signature of Signing Officer or Director

Date