

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N99000001047

FILED
Dec 10, 2009
Secretary of State

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

Current Principal Place of Business:

1110 GULF BREEZE PKWY
EMPLOYEE HEALTH
GULF BREEZE, FL 32563 US

New Principal Place of Business:

4110 ADAMS ROAD
PACE, FL 32571 US

Current Mailing Address:

PO BOX 12910
PENSACOLA, FL 32521 US

New Mailing Address:

4110 ADAMS ROAD
PACE, FL 32571 US

FEI Number: 59-3568629 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KERLEY, JEFF
ONE DALE MABRY N
11TH FLR
TAMPA, FL 33609 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: JEFF KERLEY

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DICKEN, DEBORAH
Address: 4110 ADAMS ROAD
City-St-Zip: PACE, FL 32571

Title: T () Delete
Name: PARSONS, APRIL
Address: 1110 GULF BREEZE PKWY
City-St-Zip: GULF BREEZE, FL 32563

Title: V () Delete
Name: STRATMAN, LINDA
Address: 11425 JOHNSTONE DRIVE
City-St-Zip: PENSACOLA, FL 32514

Title: VP (X) Delete
Name: STRATMAN, LINDA
Address: 8383 N DAVIS HWY
City-St-Zip: PENSACOLA, FL 32514

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: DICKEN, DEBORAH L
Address: 4110 ADAMS ROAD
City-St-Zip: PACE, FL 32571

Title: TRES (X) Change () Addition
Name: JERNIGAN, LISA
Address: 825 FLEMING COURT
City-St-Zip: PENSACOLA, FL 32514

Title: VP (X) Change () Addition
Name: SHURRUM, TAMMY
Address: ONE SOUTH EVERITT, OCCUPATIONAL HEALTH SER
City-St-Zip: PANAMA CITY, FL 32401

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

I hereby certify that the information supplied with this filing does not qualify 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: DEBORAH L DICKEN

PRES

12/10/2009

Electronic Signature of Signing Officer or Director

Date