## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N9900001052

1. Entity Name

## PALM BEACH FLORIDA ASSOCIATION OF OCCUPATIONAL H EALTH NURSES, INC.

Principal Place of Business

Mailing Address

160 AUSTRALIAN AVE., STE. 102 W. PALM BEACH FL 33406

160 AUSTRALIAN AVE., STE. 102 W. PALM BEACH FL 33406

2. Principal Place of Business	3. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.	·			
City & State	City & State	<u> </u>			

**FILED** Aug 21, 2002 8:00 am § Secretary of State

08-21-2002 90093 004 \*\*\*\*70.00

124247



Suite, Apt. #, etc.  City & State  City & State  City & State  Country  Country  Country  Country  Country  Country  5. Certificate of Status Desired  \$8.75 Additional Fee Required  Name  Applied For Not Applicat  Not Applicat  7. Name and Address of New Registered Agent  Name  ROBERTS, SCOTT C ESQ  37 N ORANGE AVE STE 200  ORLANDO FL 32801  City  FL  Zip Code  City  FL  Zip Code  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.	2. Principal Place of Business 3. Mailing Address								
City & State  Country  Country  Country  Country  5. Certificate of Status Desired  \$8.75 Additional Fee Required  6. Name and Address of Current Registered Agent  Name  ROBERTS, SCOTT C ESQ  37 N ORANGE AVE STE 200  ORLANDO FL 32801  City  FL  Zip Code  City  FL  Zip Code  City	- THE OPAL FIACE OF DUSINESS		3. Mailing Address						
Zip Country Zip Country 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 Name  ROBERTS, SCOTT C ESQ 37 N ORANGE AVE STE 200  ORLANDO FL 32801  City FL Zip Code  3. 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.	Suite, Apt. #, etc. Suite, Apt. #, etc.		tc.	DO NOT WRITE IN THIS SPACE					
Street Address (P.O. Box Number is Not Acceptable)  City  The above named entity submits this statement for the purpose of changing its registered agent.  Country  5. Certificate of Status Desired  \$8.75 Additional Fee Required  7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  FL  Zip Code  City  FL  City	City & State		City & State		4. FEI Number 65-0908920	<del></del>			
ROBERTS, SCOTT C ESQ  37 N ORANGE AVE STE 200 ORLANDO FL 32801  City  City  FL  Zip Code  3. 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.	•			Country	5. Certificate of Status Desired	\$8.75 Additional			
ROBERTS, SCOTT C ESQ  37 N ORANGE AVE STE 200  ORLANDO FL 32801  City  FL  Zip Code  3. 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.	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
37 N ORANGE AVE STE 200 ORLANDO FL 32801  City  FL  Zip Code  3. 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.				Name					
City  City  Zip Code  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.	37 N ORANGI	E AVE STE 200	~.	Street Addr	ess (P.O. Box Number is Not Acceptable)				
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.				City	F	Zip Code			
	the above nan	ned entity submits this statem of registered agent.	ent for the purpose of chang	ging its registered office or reg					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATF	IGNATURE								
	Signi	ature, typed or printed name of registered	agent and title if applicable.	(NOTE: Registered Agent signature re	quired when reinstating) DAT	<u></u>			

After September 13, 2002, min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be

Make Check Payable to

min. will be \$236.25. Trust Fund		Trust Fund Col	ntribution.	Added to Fees		Department of State			
10.	OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	DT	☐ Delete	TITLE	$\nu_{\Lambda}$	20.0	100	Channe	Addition	
NAME	BREWER, ANNIE		NAME	Hinn	e pre	WER	To 10 160	,	
STREET ADDRESS	160 AUSTRALIAN AVE., STE. 102		STREET ADDRESS	160	austra.	WER lian Av.	Juine 102		
CITY-ST-ZIP	W. PALM BEACH FL 33406		CITY-ST-ZIP	W. Pa	Im Bea	ch, H- 3	3406		
TITLE	D	<b>X</b> Delete	TITLE	DT		bra s.	☐ Change	Addition	
NAME	PERKINS, LINDA	<b>/</b>	NAME	Davi			Change	Addition	
STREET ADDRESS	2201 45TH-ST.		STREET ADDRESS	2384	E	ean BIVd			
CITY-ST-ZIP	W. PALM BEACH FL 33407	1	CITY-ST-ZIP	Stua	7, 3	1. 34 99	6		
TITLE	DV	Delete	TITLE	7, 13		00 21 11	Change	Addition	
NAME	Walker, Esther		NAME				_ [_] Change	L Addition	
STREET ADDRESS	1500 GATEWAY BLVD M552		STREET ADDRESS						
CITY-ST-ZIP	BOYNTON BEACH FL 33426		CITY-ST-ZIP						
TITLE	D	☐ Delete	TITLE				☐ Change	Addition	
NAME	D'ALAURO, MARLENE		NAME					ACGINION	
STREET ADDRESS	8588 THOUSAND PINES CT		STREET ADDRESS						
CITY-ST-ZIP	WEST PALM BEACH FL 33411		CITY-ST-ZIP						
TITLE	DV	Delete	TITLE	D5			☐ Change	Addition	
NAME	WHITING, SUZETTE	/-	NAME	Bonile	onto. D	anielle	Onlinge	Facilion	
STREET ADDRESS	P.O. BQX 1344 N/A		STREET ADDRESS	160	USTE	ICAL ALL			
CITY-ST-ZIP	CLEWISTON FL 33440		CITY-ST-ZIP	N. P	alm /	seach, 71.	33406	}	
TITLE	D	☐ Delete	TITLE	$\nu_{\nu}$		,	Change	Addition	
NAME	HOWARD, CHERYL		NAME	Cherui	Howar	rd	Change .	☐ Modified }	
STREET ADDRESS	1601 HILL AVE		STREET ADDRESS	1601	Hill Au	/			
CITY-ST-ZIP	WEST PALM BEACH FL 33407		CITY-ST-ZIP			11 71. 3	3407	1	

Palm Beach, 71. 33407 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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:

772 223-4984