


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 11, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # N99000001052	
1. Entity Name PALM BEACH FLORIDA ASSOCIATION OF OCCUPATIONAL HEALTH NURSES, INC.	

Principal Place of Business 160 AUSTRALIAN AVE., STE. 102 W. PALM BEACH, FL 33406	Mailing Address 160 AUSTRALIAN AVE., STE. 102 W. PALM BEACH, FL 33406
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**DO NOT WRITE IN THIS SPACE**



06092004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0908920	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

ROBERTS, SCOTT C ESQ  
37 N ORANGE AVE STE 200  
ORLANDO, FL 32801

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	D BREWER, ANNIE 160 AUSTRALIAN AVE., STE. 102 W. PALM BEACH, FL 33406
TITLE NAME STREET ADDRESS CITY ST ZIP	DT DAVIS, DEBRA S 1882 SE ELROSE STREET PORT SAINT LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY ST ZIP	D D'ALAULO, MARLENE 8588 THOUSAND PINES CT WEST PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY ST ZIP	DV BONVENTO, DANIELE 160 AUSTRALIAN AVE WEST PALM BEACH, FL 33406
TITLE NAME STREET ADDRESS CITY ST ZIP	DP COUPLAND, DANA 3417 WASHINGTON RD WEST PALM BEACH, FL 33405
TITLE NAME STREET ADDRESS CITY ST ZIP	

U000000162471  
06/11/04-80001-001 61.25

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12. I hereby certify that the information supplied with this filing 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: Debra S Davis Debra S Davis 6/9/04 772  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #