

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 29, 2005 8:00 am**  
**Secretary of State**

08-29-2005 90143 014 \*\*\*\*61.25

**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**

**50063737**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

08232005 Chg-NP CR2E037 (10/03)

City & State

Zip Country

4. FEI Number  
**65-0908920**

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent  
**ROBERTS, SCOTT C ESQ  
 37 N ORANGE AVE STE 200  
 ORLANDO, FL 32801**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BREWER, ANNIE 160 AUSTRALIAN AVE., STE. 102 W. PALM BEACH, FL 33406 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DAVIS, DEBRA S 1882 SE ELROSE STREET PORT SAINT LUCIE, FL 34952 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D D'ALAURO, MARLENE 8588 THOUSAND PINES CT WEST PALM BEACH, FL 33411 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BONVENTO, DANIELLE 160 AUSTRALIAN AVE WEST PALM BEACH, FL 33406 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COUPLAND, DANA 3417 WASHINGTON RD WEST PALM BEACH, FL 33405 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Davis, Debra S 1882 SE Elrose St. Port Saint Lucie, Fla. 34952 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT D'Alauro, Marlene 8588 Thousand Pines Ct West Palm Beach, Fla. 33411 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SS Summers, Wendy 160 Australian Ave. Suite 200 West Palm Beach, Fla. 33406 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Coupland, Dana 3417 Washington Rd. West Palm Beach, Fla. 33405 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Miller, Karen 2384 A S.E. Ocean Blvd Port Saint Lucie, Fla. 34996 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:** Marlene D'Alauro Marlene D'Alauro 8-23-05 (561) 835-4685

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #