2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

| DOCUMENT # N9900001052 1. Entity Name PALM BEACH FLORIDA ASSOCIATION OF OCCUPATIONAL HEALTH NURSES, INC. | | | | | | | 08-29-20 | 05 901 43 0 | | |
|---|--|---|--|---|--|---|---|--|---|------------------------------|
| | e of Business LIAN AVE., STE. 102 ICH, FL 33406 | Mailing Addre 160 AUSTRA W. PALM BE | ALIAN AVE., S | | | | | 50 | 06373 | 7 |
| 2. Principal P | lace of Business | 3. Mailing Add | dress | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 08232005 | Chg-NP | CR2E0 | 37 (10/03) | | |
| City & State | 9 | City & Stat | te | | _ | | 4. FEI Number Applied For | | | plied For t Applicable |
| Zip | Country | Zip | | Country | | 1 | of Status Desire | ed 🛄 | \$8.75 Add | itional |
| | 6. Name and Address of Current I | l Registered Agen | nt L | | | 7. Name and | Address of Ne | w Registered | | |
| DORESTO | | | | Na | me | | | | | |
| ROBERTS, SCOTT C ESQ 37 N ORANGE AVE STE 200 ORLANDO, FL 32801 | | | | Str | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| 0,12,110 | .,,, 2 02001 | | | | | | | | | |
| | | | | Cit | у | | | FL | Zip Code | ÷ |
| | named entity submits this statement for | the purpose of o | changing its re | egistered off | ice or registe | red agent, or both | n, in the State o | f Florida. I am | familiar with, | and accept |
| l ma opugar | ions of registered agent. | | | | | | | | | |
| SIGNATURE . | Signature, typed or printed name of registered agent a | and title if somecable | | | | | | | | |
| | | | | Registered Agent | signature required | d when reinstating) | | DATE | | |
| | .,, | 1 | | | | d when reinstating) | | DATE | | |
| Di | Filing Fee is \$61.25 ue by September 7, 2005 | 9. [| Election Camp Trust Fund Co | paign Financ | | \$5.00 May Bo Added to Fees | • | | k payable to | |
| D 1 | ue by September 7, 2005 OFFICERS AND DIF | 9. 6 | n Election Camp | paign Financ | ing | \$5.00 May Bo | <u>'</u> | Make chec Iorida Depa | rtment of St | ate |
| 10. | D OFFICERS AND DIF | 9. E | n Election Camp | paign Finance ontribution. | ing | \$5.00 May Bo Added to Fees | <u>'</u> | Make chec Iorida Depa | rtment of St | ate |
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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.

CITY-ST-ZIP

Port Saint Lycie, Fla. 34996

CITY-ST-ZIP

| | | PRINTED NAME OF SIGNING | Date | Daytime Phone # | _ | |
|------------|----------|-------------------------|------------------|-----------------|--------------|----------|
| SIGNATURE: | m arline | D'alouro | Marlene D'Alauro | 8.43.05 | (561) 835-46 | ک8ر — |
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