

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2006 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**



01262006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	BREWER, ANNIE
STREET ADDRESS	160 AUSTRALIAN AVE., STE. 102
CITY- ST- ZIP	W. PALM BEACH, FL 33406
TITLE	P
NAME	DAVIS, DEBRA S
STREET ADDRESS	1882 SE ELROSE STREET
CITY- ST- ZIP	PORT SAINT LUCIE, FL 34952
TITLE	DT
NAME	D'ALAULO, MARLENE
STREET ADDRESS	8588 THOUSAND PINES CT
CITY- ST- ZIP	WEST PALM BEACH, FL 33411
TITLE	DV
NAME	BONVENTO, DANIELLE
STREET ADDRESS	160 AUSTRALIAN AVE
CITY- ST- ZIP	WEST PALM BEACH, FL 33406
TITLE	D
NAME	COUPLAND, DANA
STREET ADDRESS	3417 WASHINGTON RD
CITY- ST- ZIP	WEST PALM BEACH, FL 33405
TITLE	VP
NAME	MILLER, KAREN
STREET ADDRESS	2384 A SE OCEAN BLVD
CITY- ST- ZIP	PORT SAINT LUCIE, FL 34958

000000409838  
02/09/06-80012-016 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Rizzolo (D'Alauro)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Marlene Rizzolo (D'Alauro)*

*1-26-06 (561) 835-4685*  
Date Daytime Phone #