

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2008 8:00 am
Secretary of State

07-17-2008 90061 033 ****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**

40111310



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07112008 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0908920

Applied For
Not Applicable

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

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

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

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 September 12, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
BREWER, ANNIE
160 AUSTRALIAN AVE., STE. 102
W. PALM BEACH, FL 33406** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Kellie Collins
4516 S.W. Yamada Dr
Port St. Lucie, Fla. 34953** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
COLLINS, KELLIE
4516 SW YAMADA DR.
PORT SAINT LUCIE, FL 34953** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Kathleen Davis
341 Country Club Dr
Tequesta, Fla. 33454** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
D'ALAULO, MARLENE
8588 THOUSAND PINES CT
WEST PALM BEACH, FL 33411** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SAME ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BONVENTO, DANIELLE
160 AUSTRALIAN AVE
WEST PALM BEACH, FL 33406** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Wendy Summers
160 Australian Ave
WPRB Fla. 33406** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KNIFFIN, VERA-LYNN
JUP-MED. CENTER 1210 S. OLD DRIVE HWY.
JUPITER, FL 33478** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Annie Brewer
160 Australian Ave
WPRB Fla. 33406** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
DAVIS, KATHLEEN
347 COUNTRY CLUB DR.
TEQUESTA, FL 33458** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Danielle Bonvento
160 Australian Ave
WPRB Fla. 33406** ☒ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Handwritten Signature] 7.11.08 SW 8354655