

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001052

FILED
Apr 15, 2009
Secretary of State

Entity Name: PALM BEACH FLORIDA ASSOCIATION OF OCCUPATIONAL HEALTH NURSES, INC.

Current Principal Place of Business:

160 AUSTRALIAN AVE., STE. 102
W. PALM BEACH, FL 33406

New Principal Place of Business:

Current Mailing Address:

160 AUSTRALIAN AVE., STE. 102
W. PALM BEACH, FL 33406

New Mailing Address:

FEI Number: 65-0908920

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BREWER, ANNIE
Address: 160 AUSTRALIAN AVE., STE. 102
City-St-Zip: W. PALM BEACH, FL 33406

Title: P () Delete
Name: COLLINS, KELLIE
Address: 4516 SW YAMADA DR.
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: T () Delete
Name: D'ALAURO, MARLENE
Address: 8588 THOUSAND PINES CT
City-St-Zip: WEST PALM BEACH, FL 33411

Title: D () Delete
Name: BONVENTO, DANIELLE
Address: 160 AUSTRALIAN AVE
City-St-Zip: WEST PALM BEACH, FL 33406

Title: D () Delete
Name: KNIFFIN, VERA-LYNN
Address: JUP-MED. CENTER 1210 S. OLD DRIVE HWY.
City-St-Zip: JUPITER, FL 33478

Title: VP () Delete
Name: DAVIS, KATHLEEN
Address: 347 COUNTRY CLUB DR.
City-St-Zip: TEQUESTA, FL 33458

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BREWER, ANNIE
Address: 160 AUSTRALIAN AVE., STE. 102
City-St-Zip: W. PALM BEACH, FL 33406

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: D'ALAURO, MARLENE R RN
Address: 8588 THOUSAND PINES CT
City-St-Zip: WEST PALM BEACH, FL 33411 PB

Title: S (X) Change () Addition
Name: FIELD, DONNA S RN
Address: 2201 45TH ST.
City-St-Zip: WEST PALM BEACH, FL 33407 PB

Title: D (X) Change () Addition
Name: KNIFFIN, VERA-LYNN RN
Address: JUP-MED. CENTER 1210 S. OLD DRIVE HWY.
City-St-Zip: JUPITER, FL 33478

Title: VP (X) Change () Addition
Name: DAVIS, KATHLEEN RN
Address: 347 COUNTRY CLUB DR.
City-St-Zip: TEQUESTA, FL 33458

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARLENE DALAURO RIZZOLO

TREA

04/15/2009

Electronic Signature of Signing Officer or Director

Date