2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001052

Feb 10, 2011 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

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

FEI Number: 65-0908920 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

BREWER, ANNIE Name:

Address: 160 AUSTRALIAN AVE., STE. 102 City-St-Zip: W. PALM BEACH, FL 33406

Title:

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

Title:

D'ALAURO, MARLENE R RN Name: Address: 8588 THOUSAND PINES CT City-St-Zip: WEST PALM BEACH, FL 33411 PB

Title:

Name: FIELD, DONNA S RN Address: 2201 45TH ST.

City-St-Zip: WEST PALM BEACH, FL 33407 PB

Title:

KNIFFIN, VERA-LYNN RN Name:

JUP-MED. CENTER 1210 S. OLD DRIVE HWY. Address:

City-St-Zip: JUPITER, FL 33478

Title:

DAVIS. KATHLEEN RN Name: Address: 347 COUNTRY CLUB DR. TEQUESTA, FL 33458 City-St-Zip:

I hereby 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 all other like empowered.

SIGNATURE: MARLENE RIZZOLO **TREA** 02/10/2011