

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 02, 2003 8:00 am**  
**Secretary of State**

09-02-2003 90186 043 \*\*\*\*\*70.00

**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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

**FILE NOW: FEE IS \$61.25  
After September 10, 2003, min will be \$236.25**

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

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

TITLE **DT** ☐ Delete  
NAME **DAVIS, DEBRA S**  
STREET ADDRESS **2384 E OCEAN BLVD**  
CITY-ST-ZIP **STUART FL 34996**

TITLE ☒ Change ☐ Addition  
NAME **Debra S DAVIS**  
STREET ADDRESS **1882 SE ELROSE STREET**  
CITY-ST-ZIP **PORT ST LUCIE FL 34952**  
*address change*

TITLE **DV** ☒ Delete  
NAME **WALKER, ESTHER**  
STREET ADDRESS **1500 GATEWAY BLVD M552**  
CITY-ST-ZIP **BOYNTON BEACH FL 33426**

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

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

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

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

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

TITLE **DP** ☒ Delete  
NAME **HOWARD, CHERYL**  
STREET ADDRESS **1601 HILL AVE**  
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE ☐ Change ☒ Addition  
NAME **DANA Coupland**  
STREET ADDRESS **3417 Washington Rd**  
CITY-ST-ZIP **West Palm Beach FL 33405**

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.

SIGNATURE: *Debra S. Davis* - Debra S. DAVIS 8/22/03 772 398-1970

CR2E037 (4/03)