

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

1/3

FILED

07 OCT 12 PM 1:42

CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA



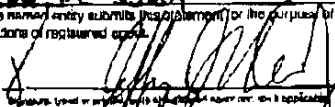
05182007 Chg-NP CR2E037 (12/06)

DOCUMENT # N99000001053					
1. Entity Name FORT LAUDERDALE FLORIDA ASSOCIATION OF OCCUPATIONAL HEALTH NURSES, INC.					
Principal Place of Business 3911 NW 97TH AVENUE HOLLYWOOD, FL 33024			Mailing Address 3911 NW 97TH AVENUE HOLLYWOOD, FL 33024		
2. Principal Place of Business - No P.O. Box # 663 Ponce De Leon Dr.		3. Mailing Address 663 Ponce De Leon Dr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Ft. Lauderdale		City & State Ft. Lauderdale		4. FEI Number 65-0927593	
Zip 33316	Country Broward	Zip 33316	Country Broward	Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required -					
6. Name and Address of Current Registered Agent ROBERTS, SCOTT CESS Ph 813-221-3114 1400 W. FAIRBANKS AVE., STE. 204 fax - 813-221-3033 WINTER PARK, FL 32789 Jeffrey Kerley One North Dale Mabry 11th floor TAMPA, FL 33609			7. Name and Address of New Registered Agent Name Jeff Kerley Street Address (P.O. Box Number is Not Acceptable) One North Dale Mabry 11th Floor City Tampa FL Zip Code 33609		
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 <i>see attached</i> (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by September 14, 2007		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 MULLINS, JANICE 1091 SW 67TH TERRACE PLANTATION, FL 33317	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600110744446 10/12/07--01065--018 **70.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HEACOCK, SUSAN 3911 NW 97TH AVENUE HOLLYWOOD, FL 33024	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PAM VOLLER 663 PONCE DE LEON DR. Ft. Lauderdale, FL 33316	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PEREZ-MAIY, OSVALDO 6324 NW 173RD TERRACE HIALEAH, FL 33015	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2007	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLIAMS, MARGARET S 10531 SW 115TH STREET MIAMI, FL 33176	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRODY, JOAN A 530 SW 169TH AVENUE WESTON, FL 33326	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCUTCHEON, CHARLES 13131 NW 11TH DRIVE SUNRISE, FL 33323	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: <i>dmull</i>			5/21/07 954 503 7456		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

P.03

2/3

DOCUMENT # N99000001053																																																																																																																											
1. Entity Name FORT LAUDERDALE FLORIDA ASSOCIATION OF OCCUPATIONAL HEALTH NURSES, INC.																																																																																																																											
Principal Place of Business 3011 NW 87TH AVENUE HOLLYWOOD, FL 33024		Mailing Address 3911 NW 87TH AVENUE HOLLYWOOD, FL 33024																																																																																																																									
2. Principal Place of Business - No P.O. Box # 663 Ponce De Leon Dr Subd. Apt. #, etc.		3. Mailing Address 663 Ponce De Leon Dr Subd. Apt. #, etc.																																																																																																																									
City & State Ft. Lauderdale		City & State Ft. Lauderdale																																																																																																																									
Zip 33316		Zip 33316																																																																																																																									
Country Broward		Country Broward																																																																																																																									
4. EIN Number 65-0927593		Applied For ☐ Not Applicable																																																																																																																									
5. Date of Incorporation 05/18/2007		6. Date of Fiscal Year CRZED37 (12/08)																																																																																																																									
7. Date of Report 65-0927593		8. Date of Report 65-0927593																																																																																																																									
9. Name and Address of Current Registered Agent ROBERTA SCOTT GERR 1406 W. PARKWAY AVE., STE. 204 WINTER PARK, FL 32789		10. Name and Address of New Registered Agent Jeff Kerley Street Address (P.O. Box Number is Not Applicable) One North Dale Mabry 11th Floor City Tampa FL 33609																																																																																																																									
11. 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 		DATE 5/21/07																																																																																																																									
Filing Fee to \$41.35 Due by September 14, 2007		Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees																																																																																																																									
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																																																																																																																									
<table border="1"> <tr> <td>TITLE</td> <td>P</td> <td>☐ Delete</td> </tr> <tr> <td>NAME</td> <td>MULLINS, JANICE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1001 SW 67TH TERRACE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PLANTATION, FL 33317</td> <td></td> </tr> <tr> <td>TITLE</td> <td>T</td> <td>☒ Delete</td> </tr> <tr> <td>NAME</td> <td>HEACOCK, SUSAN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3911 NW 87TH AVENUE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>HOLLYWOOD, FL 33024</td> <td></td> </tr> <tr> <td>TITLE</td> <td>S</td> <td>☐ Delete</td> </tr> <tr> <td>NAME</td> <td>PEREZ-MAI, OSVALDO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6324 NW 173RD TERRACE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIALEAH, FL 33015</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td>☐ Delete</td> </tr> <tr> <td>NAME</td> <td>WILLIAMS, MARGARET S</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10501 SW 115TH STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33176</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td>☐ Delete</td> </tr> <tr> <td>NAME</td> <td>BRODY, JOAN A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>330 SW 108TH AVENUE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WESTON, FL 33320</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td>☐ Delete</td> </tr> <tr> <td>NAME</td> <td>MOULTONHEON, CHARLES</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>19131 NW 11TH DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SUNRISE, FL 33323</td> <td></td> </tr> </table>		TITLE	P	☐ Delete	NAME	MULLINS, JANICE		STREET ADDRESS	1001 SW 67TH TERRACE		CITY-ST-ZIP	PLANTATION, FL 33317		TITLE	T	☒ Delete	NAME	HEACOCK, SUSAN		STREET ADDRESS	3911 NW 87TH AVENUE		CITY-ST-ZIP	HOLLYWOOD, FL 33024		TITLE	S	☐ Delete	NAME	PEREZ-MAI, OSVALDO		STREET ADDRESS	6324 NW 173RD TERRACE		CITY-ST-ZIP	MIALEAH, FL 33015		TITLE	VP	☐ Delete	NAME	WILLIAMS, MARGARET S		STREET ADDRESS	10501 SW 115TH STREET		CITY-ST-ZIP	MIAMI, FL 33176		TITLE	D	☐ Delete	NAME	BRODY, JOAN A		STREET ADDRESS	330 SW 108TH AVENUE		CITY-ST-ZIP	WESTON, FL 33320		TITLE	D	☐ Delete	NAME	MOULTONHEON, CHARLES		STREET ADDRESS	19131 NW 11TH DRIVE		CITY-ST-ZIP	SUNRISE, FL 33323		<table border="1"> <tr> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>T</td> <td>☒ Change ☒ Addition</td> </tr> <tr> <td>NAME</td> <td>PAM VOLLER</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>663 PONCE DE LEON DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Ft. Lauderdale, FL 33316</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	T	☒ Change ☒ Addition	NAME	PAM VOLLER		STREET ADDRESS	663 PONCE DE LEON DR		CITY-ST-ZIP	Ft. Lauderdale, FL 33316		TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	P	☐ Delete																																																																																																																									
NAME	MULLINS, JANICE																																																																																																																										
STREET ADDRESS	1001 SW 67TH TERRACE																																																																																																																										
CITY-ST-ZIP	PLANTATION, FL 33317																																																																																																																										
TITLE	T	☒ Delete																																																																																																																									
NAME	HEACOCK, SUSAN																																																																																																																										
STREET ADDRESS	3911 NW 87TH AVENUE																																																																																																																										
CITY-ST-ZIP	HOLLYWOOD, FL 33024																																																																																																																										
TITLE	S	☐ Delete																																																																																																																									
NAME	PEREZ-MAI, OSVALDO																																																																																																																										
STREET ADDRESS	6324 NW 173RD TERRACE																																																																																																																										
CITY-ST-ZIP	MIALEAH, FL 33015																																																																																																																										
TITLE	VP	☐ Delete																																																																																																																									
NAME	WILLIAMS, MARGARET S																																																																																																																										
STREET ADDRESS	10501 SW 115TH STREET																																																																																																																										
CITY-ST-ZIP	MIAMI, FL 33176																																																																																																																										
TITLE	D	☐ Delete																																																																																																																									
NAME	BRODY, JOAN A																																																																																																																										
STREET ADDRESS	330 SW 108TH AVENUE																																																																																																																										
CITY-ST-ZIP	WESTON, FL 33320																																																																																																																										
TITLE	D	☐ Delete																																																																																																																									
NAME	MOULTONHEON, CHARLES																																																																																																																										
STREET ADDRESS	19131 NW 11TH DRIVE																																																																																																																										
CITY-ST-ZIP	SUNRISE, FL 33323																																																																																																																										
TITLE		☐ Change ☐ Addition																																																																																																																									
NAME																																																																																																																											
STREET ADDRESS																																																																																																																											
CITY-ST-ZIP																																																																																																																											
TITLE	T	☒ Change ☒ Addition																																																																																																																									
NAME	PAM VOLLER																																																																																																																										
STREET ADDRESS	663 PONCE DE LEON DR																																																																																																																										
CITY-ST-ZIP	Ft. Lauderdale, FL 33316																																																																																																																										
TITLE		☐ Change ☐ Addition																																																																																																																									
NAME																																																																																																																											
STREET ADDRESS																																																																																																																											
CITY-ST-ZIP																																																																																																																											
TITLE		☐ Change ☐ Addition																																																																																																																									
NAME																																																																																																																											
STREET ADDRESS																																																																																																																											
CITY-ST-ZIP																																																																																																																											
14. I hereby certify that the information supplied with this filing does not qualify for the exemption contained in Chapter 110, Florida Statutes. I further certify that the information indicated on this report is a 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 of business 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 amendment with an address with all other data as required.																																																																																																																											
SIGNATURE: 		Date 5/21/07 9545037456																																																																																																																									

3/3

To Division of Corporations

I apologize for the delay in mailing this to you. We did not have an attorney & had to wait for a new one. When we found one - I was out of work for surgery

following breast cancer & chemo.

The attorney is in Tampa & I faxed him the form to sign.

Thank you
Pam Valli

PHYSICIAN REFERRAL
WWW.MERCYMIAMI.ORG • 305-285-2929



**TAKE
CHARGE
OF YOUR
HEART
HEALTH**

Schedule
a yearly
blood
pressure,
cholesterol
and
glucose
checkup

MERCY
Hospital
DEFINING QUALITY