2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # N99000001053

1. Entity Name
FORT LAUDERDALE FLORIDA ASSOCIATION OF OCCUPATIONAL HEALTH NURSES, INC.

FILED
07 OCT 12 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3911 NW97TH AVENUE HOLLYWOOD, FL 33024	3911 NW 97TH AVENUE HOLLYWOOD, FL 33024

05182007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
663 Ponce De Leon DR	663 Ponce De Leon Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Lauderdale	City & State: Ft. Lauderdale
Zip: 33316 Country: Broward	Zip: 33316 Country: Broward

4. FEI Number 65-0927593 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~ROBERTS, SCOTT C ESQ~~ 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: ☒ see attached
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 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	☐ Change ☐ Addition 600110744445 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 ☐ Change ☒ Addition
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	☐ Change ☐ Addition 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	☐ Change ☐ Addition
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: _____ 5/21/07 954 503 7456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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SIGNATURE: [signature] 5/21/07 954 503 7456
(REQUIRED) TYPED OR PRINTED NAME OF PERSON SIGNING Date Daytime Phone #

2/3

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