2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001053

FILED Feb 16, 2011 Secretary of State

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

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

663 PONCE DE LEON DR. FT. LAUDERDALE, FL 33316

Current Mailing Address: New Mailing Address:

663 PONCE DE LEON DR. FT. LAUDERDALE, FL 33316

FEI Number: 65-0927593 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:

KERLEY, JEFF ONE NORTH DALE MABRY, 11TH FLOOR TAMPA, FL 33609 US

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: I

 Name:
 MULLINS, JANICE

 Address:
 1091 SW 67TH TERRACE

 City-St-Zip:
 PLANTATION, FL 33317 42

Title: 7

Name: VOLLER, PAM

Address: 663 PONCE DE LEON DR. City-St-Zip: FT. LAUDERDALE, FL 33316

Title: S

 Name:
 PEREZ-MAIY, OSVALDO

 Address:
 6324 NW 173RD TERRACE

 City-St-Zip:
 HIALEAH, FL 33015 44

Title: VP

 Name:
 WILLIAMS, MARGARET S

 Address:
 10531 SW 115TH STREET

 City-St-Zip:
 MIAMI, FL 33176 59

Title:

 Name:
 BRODY, JOAN A

 Address:
 530 SW 169TH AVENUE

 City-St-Zip:
 WESTON, FL 33326

Title: [

Name: VOLLER, PAMELA A DIRECTO
Address: 663 PONCE DE LEON DR
City-St-Zip: FORT LAUDERDALE, FL 33316 US

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: PAMELA A. VOLLER RN T 02/16/2011