## 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000001053

FILED Sep 08, 2003 Secretary of State

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

Current Mailing Address:  Current Mailing Address:  New Mailing Address:  New Mailing Address:  New Mailing Address:  Note Se 6 TH AVENUE DANIA, FL 33004  FEI Number: 65-9927593 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)  Name and Address of Current Registered Agent:  ROBERTS, SCOTT C ESQ  (4400 W, FAIRBANKS AVE, STE 204  WINTER PARK, FL 32789 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:  Electronic Signature of Registered Agent  Date  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECT.  Title: ( ) Change ( ) Addition  Name: Address: Otly-St-2ip:  FORT LAUDERDALE, FL 33316  City-St-2ip: FORT LAUDERDALE, FL 33316  Title: ( ) Change ( ) Addition  Name: Address: Otly-St-2ip:  Title: ( ) Change ( ) Addition  Name: MORENO, ALICE S Name: Address: Otly-St-2ip:  Title: ( ) Change ( ) Addition  Name: Address: Otly-St-2ip:  Title: ( ) Change ( ) Addition  Name: Address: Otly-St-2ip:  Title: ( ) Change ( ) Addition  Name: Address: Otly-St-2ip:  Title: ( ) Change ( ) Addition  Name: Address: Otly-St-2ip:  Title: ( ) Change ( ) Addition  Name: Address: Otly-St-2ip:  Title: ( ) Change ( ) Addition  Name: Address: Otly-St-2ip:  Title: ( ) Change ( ) Addition  Name: Address: Otly-St-2ip:  MAMI, FL 331834838  City-St-2ip: FORT LAUDERDALE, FL 333321512  City-St-2ip: Tork LAUDERDALE, FL 333321512  City-St-2ip: City-S	Current P	rincipal Place	e of Business:	New Principal Plac	New Principal Place of Business:	
TEI Number: 65-0927593 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)  Name and Address of Current Registered Agent:  ROBERTS, SCOTT C ESQ 1400 W. FAIRBANKS AVE., STE. 204  WINTER PARK, FL. 32789 US  The above named entity submits this statement for the purpose of changing its registered office or registered agent, or bot in the State of Florida.  SIGNATURE:    Electronic Signature of Registered Agent   Date						
DANIA, FL 33004  FEI Number: 65-0927593 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)  Name and Address of Current Registered Agent:  ROBERTS, SCOTT C ESQ 1400 W. FAIRBANKS AVE, STE, 204  WINTER PARK, FL 32789 US  The above named entity submits this statement for the purpose of changing its registered office or registered agent, or bot in the State of Florida.  SIGNATURE:    Electronic Signature of Registered Agent	Current M	ailing Addre	ss:	New Mailing Addre	New Mailing Address:	
Name and Address of Current Registered Agent:  ROBERTS, SCOTT C ESQ 1400 W. FAIRBANKS AVE., STE. 204 WINTER PARK, FL 32789 US  The above named entity submits this statement for the purpose of changing its registered office or registered agent, or bot in the State of Florida.  SIGNATURE:    Electronic Signature of Registered Agent						
ROBERTS, SCOTT C ESQ 1400 W. FAIRBANKS AVE, STE, 204 WINTER PARK, FL 32789 US  The above named entity submits this statement for the purpose of changing its registered office or registered agent, or bot in the State of Florida.  SIGNATURE:    Electronic Signature of Registered Agent	FEI Number:	65-0927593	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
1400 W	Name and	Address of (	Current Registered Agent:	Name and Address	of New Registered Agent:	
In the State of Florida   SIGNATURE:   Electronic Signature of Registered Agent	1400 W. F.	ÁIRBANKS A\	/E., STE. 204			
Electronic Signature of Registered Agent  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECT  Title: P ( ) Delete Title: ( ) Change ( ) Addition  Name: VOLLER, PAMELA  Address: 663 PONCE DE LEON DRIVE Address: City-St-Zip: FORT LAUDERDALE, FL 33316  City-St-Zip: FORT LAUDERDALE, FL 33316  City-St-Zip: Title: ( ) Change ( ) Addition  Name: TRACEY, MARCIA  Name: TRACEY, MARCIA  Name: Address: 1506 NW 112TH TERRACE  City-St-Zip: PEMBROKE PINES, FL 33026  City-St-Zip: Title: ( ) Change ( ) Addition  Name: MORENO, ALICE S  Name: MORENO, ALICE S  Address: 1046 SE 6TH AVENUE  City-St-Zip: DANIA BEACH, FL 33004  City-St-Zip: DANIA BEACH, FL 33004  City-St-Zip: WESTON, FL 33326  City-St-Zip: WESTON, FL 33326  City-St-Zip: WESTON, FL 33326  City-St-Zip: WESTON, FL 33326  City-St-Zip: MIAMI, FL 331834838  City-St-Zip: MIAMI, FL 331834638  City-St-Zip: MIAMICE Name: Address: St-Zip: Mideress:			submits this statement for the p	urpose of changing its register	red office or registered agent, or both,	
ADDITIONS/CHANGES TO OFFICERS AND DIRECT Title: P () Delete	SIGNATUR	RE:				
Title:		Electro	nic Signature of Registered Age	nt	Date	
Name:	OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Name: TRACEY, MARCIA	Name: Address:	VOLLER, PAM 663 PONCE D	ELA E LEON DRIVE	Name: Address:	( ) Change ( ) Addition	
Name:         MORENO, ALICE S         Name:           Address:         1045 SE 6TH AVENUE         Address:           City-St-Zip:         DANIA BEACH, FL 33004         City-St-Zip:           Title:         S () Delete         Title: () Change () Addition           Name:         CHATTING, JILL         Name:           Address:         704 STANTON DR         Address:           City-St-Zip:         WESTON, FL 33326         City-St-Zip:           Title:         D () Delete         Title: () Change () Addition           Name:         KANTROWITZ, JOAN         Name:           Address:         8306 MILLS DRIVE, STE 391         Address:           City-St-Zip:         MIAMI, FL 331834838         City-St-Zip:           Title:         D () Delete         Title: () Change () Addition           Name:         MCHUGH, JANICE         Name:           Address:         5121 SW 210 TERRACE         Address:	Vame: Address:	TRACEY, MAR 1506 NW 1121	CIA 'H TERRACE	Name: Address:	( ) Change ( ) Addition	
Name:         CHATTING, JILL         Name:           Address:         704 STANTON DR         Address:           City-St-Zip:         WESTON, FL 33326         City-St-Zip:           Title:         D () Delete         Title: () Change () Addition           Name:         KANTROWITZ, JOAN         Name:           Address:         8306 MILLS DRIVE, STE 391         Address:           City-St-Zip:         MIAMI, FL 331834838         City-St-Zip:           Title:         D () Delete         Title: () Change () Addition           Name:         MCHUGH, JANICE         Name:           Address:         5121 SW 210 TERRACE         Address:	Vame: Address:	MORENO, ALI 1045 SE 6TH /	CE S AVENUE	Name: Address:	( ) Change ( ) Addition	
Name:         KANTROWITZ, JOAN         Name:           Address:         8306 MILLS DRIVE, STE 391         Address:           City-St-Zip:         MIAMI, FL 331834838         City-St-Zip:           Fitle:         D () Delete         Title: () Change () Addition           Name:         MCHUGH, JANICE         Name:           Address:         5121 SW 210 TERRACE         Address:	√ame: Address:	CHATTING, JIL 704 STANTON	L DR	Name: Address:	( ) Change ( ) Addition	
Name: MCHUGH, JANICE Name: Address: 5121 SW 210 TERRACE Address:	Name: Address:	KANTROWITZ 8306 MILLS D	, JOAN PRIVE, STE 391	Name: Address:	( ) Change ( ) Addition	
	Name: Address:	MCHUGH, JAN 5121 SW 210	ICE TERRACE	Name: Address:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ALICE S. MORENO T 09/08/2003