

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 Principal Place of Business:

1045 SE 6 TH AVENUE
DANIA, FL 33004

New Principal Place of Business:

Current Mailing Address:

1045 SE 6 TH AVENUE
DANIA, FL 33004

New Mailing Address:

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

Name and Address of New Registered Agent:

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: P () Delete
Name: VOLLER, PAMELA
Address: 663 PONCE DE LEON DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: VP () Delete
Name: TRACEY, MARCIA
Address: 1506 NW 112TH TERRACE
City-St-Zip: PEMBROKE PINES, FL 33026

Title: T () Delete
Name: MORENO, ALICE S
Address: 1045 SE 6TH AVENUE
City-St-Zip: DANIA BEACH, FL 33004

Title: S () Delete
Name: CHATTING, JILL
Address: 704 STANTON DR
City-St-Zip: WESTON, FL 33326

Title: D () Delete
Name: KANTROWITZ, JOAN
Address: 8306 MILLS DRIVE, STE 391
City-St-Zip: MIAMI, FL 331834838

Title: D () Delete
Name: MCHUGH, JANICE
Address: 5121 SW 210 TERRACE
City-St-Zip: FORT LAUDERDALE, FL 333321512

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

Electronic Signature of Signing Officer or Director

Date