2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2017
Secretary of State
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Entity Name: FLORIDA STATE CHAPTER OF THE ASSOCIATION OF REHABILITATION NURSES, INC.

Current Principal Place of Business:

14775 SW 18TH CT
DAVIE, FL 33325

Current Mailing Address:

14775 SW 18TH CT
DAVIE, FL 33325 US

FEI Number: 59-1957071

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROSIER, MARGARET THERESA
14775 SW 18TH CT
DAVIE, FL 33325 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: MARGARET THERESA ROSIER 01/19/2017

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT
Name	BAGLEY, DONNA
Address	11388 NW 18TH MANOR
City-State-Zip:	CORAL SPRINGS FL 33071

Title	TREASURER
Name	ROSIER, MARGARET THERESA
Address	14775 SW 18TH CT
City-State-Zip:	DAVIE FL 33325

Title	CORRESPONDING SECRETARY
Name	ORTU, ELLEN
Address	250 N E 48TH CT
City-State-Zip:	FORT LAUDERDALE FL 33334

Title	PRESIDENT ELECT
Name	HERNANDEZ, CYNTHIA
Address	15350 AMBERLY DRIVE APT 814
City-State-Zip:	TAMPA FL 33612

Title	RECORDING SECRETARY
Name	ETMAN, DAWN
Address	3100 E FLETCHER AVE APT 6S
City-State-Zip:	TAMPA FL 33613

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: MARGARETT.ROSIER FSARN TREASURER 01/19/2017

Electronic Signature of Signing Officer/Director Detail — Date