

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000005725

**FILED**  
**Mar 09, 2013**  
**Secretary of State**  
**CC3500627672**

**Entity Name:** ASSOCIATES AND NURSES ENDORSING TRANSPLANTATION, INC.

**Current Principal Place of Business:**

1185 WHITE OAK CIRCLE  
MELBOURNE, FL 32934

**Current Mailing Address:**

1185 WHITE OAK CIRCLE  
MELBOURNE, FL 32934 US

**FEI Number: 52-1530111**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

CHALOULT, NANCY M  
1185 WHITE OAK CIRCLE  
MELBOURNE, FL 32934 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:** NANCY M CHALOULT

03/09/2013

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title ES  
Name WAGGONER, TINA  
Address 105 S 28TH ST  
City-State-Zip: COCOA BEACH FL 32931

Title T  
Name CHALOULT, NANCY  
Address 1185 WHITE OAK CIRCLE  
City-State-Zip: MELBOURNE FL 32934

Title P  
Name BEAUCHAMP, CYNTHIA  
Address 327 PRISCILLA CT  
City-State-Zip: HOUSTON TX 77015

Title HIST  
Name NEVE, DEE  
Address PO BOX 1205  
City-State-Zip: CAPE CANAVERAL FL 32920

*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:** NANCY M CHALOULT

**TREASURER**

03/09/2013

Electronic Signature of Signing Officer/Director Detail

Date