

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000008191

**Entity Name:** FLORIDA GULF COAST CHAPTER: INFUSION NURSING SOCIETY INC.**Current Principal Place of Business:**8882 CHRISTIE DRIVE  
LARGO, FL 33771**Current Mailing Address:**P.O. BOX 22712  
TAMPA, FL 33630 US**FEI Number: 59-2881649****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LISA, LO RN  
32989 WINDELSTRAW DR  
WESLEY CHAPEL, FL 33545 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:** LISA LO**03/02/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRESIDENT

Name LISA, LO

Address 8882 CHRISTIE DRIVE

City-State-Zip: LARGO FL 33771

Title VP

Name MILLER-FRANCIS, KENYA RN

Address 11055 SPRING POINT CIRCLE

City-State-Zip: RIVERVIEW FL 33579

Title T

Name CHESTANG, CONCHITA

Address 32989 WINDELSTRAW DRIVE

City-State-Zip: WESLEY CHAPEL FL 33545

Title SECRETARY

Name GUANZON, HENRY

Address 4801 NORTH HOWARD BLV

City-State-Zip: TAMPA FL 33603

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:** CONCHITA CHESTANGFL GULF COAST  
INS/TREASURER**03/02/2021**

Electronic Signature of Signing Officer/Director Detail

Date