

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

DOCUMENT# N40645

**Entity Name:** THE ASSOCIATION OF OPERATING ROOM NURSES OF TAMPA BAY INC.

**FILED**  
**Jan 26, 2013**  
**Secretary of State**  
**CC3993285909**

**Current Principal Place of Business:**

32001 STATE ROAD 52  
SAN ANTONIO, FL 33576

**Current Mailing Address:**

32001 STATE ROAD 52  
SAN ANTONIO, FL 33576 US

**FEI Number: 59-2965696**

**Certificate of Status Desired: No**

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

FORTENBERRY, LANITA M  
32001 STATE ROAD 52  
SAN ANTONIO, FL 33576 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

**Officer/Director Detail :**

Title            PRES  
Name            GARRETT, CONNIE  
Address        11724 TOM FOLSOM RD  
City-State-Zip: THONOTOSASSA FL 33592

Title            VP  
Name            MARY L., SNOWDEN-GORDON  
Address        14102 HOLLINGFARE PL  
City-State-Zip: TAMPA FL 33624

Title            TRES  
Name            FORTENBERRY, LANITA  
Address        32001 STATE ROAD 52  
City-State-Zip: SAN ANTONIO FL 33576

*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: LANITA M. FORTENBERRY**

**TREASURER**

**01/26/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date