

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000066925

**FILED**  
**Jun 16, 2009**  
**Secretary of State**

**Entity Name:** A. SUSAN NELSON ARNP, INC.

**Current Principal Place of Business:**

3098 SE BUR STREET  
PORT ST. LUCIE, FL 34952

**New Principal Place of Business:**

1711 NW FEDERAL HWY.  
STUART, FL 34994

**Current Mailing Address:**

3098 SE BUR STREET  
PORT ST. LUCIE, FL 34952

**New Mailing Address:**

FEI Number: 65-0946606

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NELSON, A. SUSAN  
3098 SE BUR STREET  
PORT ST. LUCIE, FL 34952 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: NELSON, A. SUSAN  
Address: 3098 SE BUR STREET  
City-St-Zip: PORT ST. LUCIE, FL 34952

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: A SUSAN NELSON

PD

06/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date