2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2015
Secretary of State
CC6135020232

DOCUMENT# P06000143025

Entity Name: CENTRAL FLORIDA NURSING SERVICES INC.

Current Principal Place of Business:

2431 ALOMA AVE.
SUITE 215
WINTER PARK , FL 32792

Current Mailing Address:

2431 ALOMA AVE.
SUITE 215
WINTER PARK , FL 32792 US

FEI Number: 51-0609203

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BUHLER LAW FIRM P.A.
475 W. LAKE BRANTLEY ROAD
ALTAMONTE SPRINGS, FL 32714 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	PD	Title	VTD
Name	BOWMAN, ARNOLD W	Name	BOWMAN, DOLLIS C
Address	2431 ALOMA AVE. SUITE 215	Address	2431 ALOMA AVE. SUITE 215
City-State-Zip:	WINTER PARK FL 32792	City-State-Zip:	WINTER PARK FL 32792
Title	VSD	Title	CFO
Name	HACKWORTH, GALE S	Name	SNIDE, DELIA
Address	2431 ALOMA AVE. SUITE 215	Address	2431 ALOMA AVE. SUITE 215
City-State-Zip:	WINTER PARK FL 32792	City-State-Zip:	WINTER PARK FL 32792

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DELIA SNIDE CFO 02/11/2015

Electronic Signature of Signing Officer/Director Detail — Date