

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000015584

**Entity Name:** NURSE PRACTITIONER EXPRESS, P.A.

**Current Principal Place of Business:**

42295 LAKE TIMBER DRIVE  
PUNTA GORDA, FL 33982

**Current Mailing Address:**

42295 LAKE TIMBER DRIVE  
PUNTA GORDA, FL 33982 US

**FEI Number: 81-1477641**

**Certificate of Status Desired: No**

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

WICKER, JOHN M  
COSTELLO & WICKER, P.A.  
12670 NEW BRITTANY BLVD., SUITE 101  
FORT MYERS, FL 33907 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 PST  
Name SMITH, JARITZA  
Address 42295 LAKE TIMBER DRIVE  
City-State-Zip: PUNTA GORDA FL 33982

*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: SMITH , JARITZA**

**PRESIDENT**

**01/23/2020**

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

\_\_\_\_\_  
Date