

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16000015584

Entity Name: NURSE PRACTITIONER EXPRESS, P.A.

Current Principal Place of Business:

2652 CASIBARI COURT
CAPE CORAL, FL 33991

Current Mailing Address:

2652 CASIBARI COURT
CAPE CORAL, FL 33991 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 2652 CASIBARI COURT
City-State-Zip: CAPE CORAL FL 33991

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

02/13/2017

Electronic Signature of Signing Officer/Director Detail

_____ Date