

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F16000002643

Entity Name: DEDICATED NURSING ASSOCIATES, INC.**Current Principal Place of Business:**6536 ROUTE 22 WILLIAM PENN HIGHWAY
DELMONT, PA 15626**Current Mailing Address:**6536 ROUTE 22 WILLIAM PENN HIGHWAY
DELMONT, PA 15626 US**FEI Number:** 20-4641957**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	SECRETARY, VP
Name	FUSTING, CRAIG
Address	6536 ROUTE 22 WILLIAM PENN HIGHWAY
City-State-Zip:	DELMONT PA 15626

Title	TREASURER
Name	SPAGNOL, MELISSA
Address	6536 ROUTE 22 WILLIAM PENN HIGHWAY
City-State-Zip:	DELMONT PA 15626

Title	DIRECTOR
Name	FUSTING, CRAIG
Address	6536 ROUTE 22 WILLIAM PENN HIGHWAY
City-State-Zip:	DELMONT PA 15626

Title	PRESIDENT
Name	FUSTING, CRAIG
Address	6536 ROUTE 22 WILLIAM PENN HIGHWAY
City-State-Zip:	DELMONT PA 15626

Title	DIRECTOR
Name	STARR, MICHAEL A.
Address	6536 ROUTE 22 WILLIAM PENN HIGHWAY
City-State-Zip:	DELMONT PA 15626

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: MELISSA SPAGNOL**TREASURER****03/27/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date