


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2008 08:00 A
Secretary of State

DOCUMENT # F00357 1. Entity Name PRESTIGE NURSING SERVICES, INC.		
Principal Place of Business 631 U.S. HIGHWAY ONE N PALM BCH, FL 33408	Mailing Address 631 U.S. HIGHWAY ONE N PALM BCH, FL 33408	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent NEIER, DAVID H 4657 JUNIPER LN. PALM BCH. GRDNS., FL 33410		DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when registering) _____ DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing (Trust Fund Contribution) <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEIER, H DAVID 4657 JUNIPER LANE PALM BCH GRDNS, FL 00000,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOBER, RICHARD 6072 WILDCAT RUN WEST PALM BCH, FL 33412	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEVINE, WILLIAM 1070 E INDIANTOWN RD STE 306 JUPITER, FL 33477	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <i>W. P. Neier</i> <i>Richard Bober</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		

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01212008 No Chg-P CR2E034 (11/05)

4. FEI Number **59-2029244** Applied For Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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03/25/08-80006-019-150.00