

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00357

FILED
Jan 22, 2009
Secretary of State

Entity Name: PRESTIGE NURSING SERVICES, INC.

Current Principal Place of Business:

631 U.S. HIGHWAY ONE
N PALM BCH, FL 33408

New Principal Place of Business:

Current Mailing Address:

631 U.S. HIGHWAY ONE
N PALM BCH, FL 33408

New Mailing Address:

FEI Number: 59-2029244

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEIER, DAVID H
4657 JUNIPER LN.
PALM BCH. GRDNS., FL 33410 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NEIER, H DAVID,
Address: 4657 JUNIPER LANE
City-St-Zip: PALM BCH GRDNS, FL 00000,

Title: VD () Delete
Name: BOBER, RICHARD,
Address: 6072 WILDCAT RUN
City-St-Zip: WEST PALM BCH, FL 33412

Title: SD () Delete
Name: LEVINE, WILLIAM,
Address: 1070 E INDIANTOWN RD STE 306
City-St-Zip: JUPITER, FL 33477

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: LEVINE, WILLIAM,
Address: 3535 MILITARY TRAIL STE 202
City-St-Zip: JUPITER, FL 33458

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: H DAVID NEIER

Electronic Signature of Signing Officer or Director

PRES

01/22/2009

Date