

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005976

FILED  
Apr 21, 2008  
Secretary of State

**Entity Name:** DEPENDABLE NURSING SERVICES, INC.

**Current Principal Place of Business:**

1122 W. CHURCH STREET  
ORLANDO, FL 32805

**New Principal Place of Business:**

750 S. ORANGE BLOSSOM TRAIL  
# 54 & 5 6  
ORLANDO, FL 32805

**Current Mailing Address:**

2332 GINGER MILL  
ORLANDO, FL 32837

**New Mailing Address:**

**FEI Number:** 56-1459603      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

LEVRETTE, BERTHA  
2332 GINGER MILL BLVD.  
ORLANDO, FL 32837      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

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: LEVERETTE, BERTHA  
Address: 2332 GINGER MILL BLVD.  
City-St-Zip: ORLANDO, FL 32837

Title: VP      ( ) Delete  
Name: MITCHELL, PAUL  
Address: 3024 N. POULERS DR. APT 177  
City-St-Zip: ORLANDO, FL 32818

Title: S      ( ) Delete  
Name: LINDSEY, ELLEN  
Address: 605 HICKS MILL RD.  
City-St-Zip: OXFORD, NC 27565

Title: TD      ( ) Delete  
Name: SAMS, KATHY  
Address: 3336 NIPINICKET ST.  
City-St-Zip: ORLANDO, FL 32818

Title: AS      ( ) Delete  
Name: MEO, EMILYN  
Address: 1819 KNAVE DRIVE  
City-St-Zip: ORLANDO, FL 32810

Title: D      ( ) Delete  
Name: MILLER, STEVEN W  
Address: P.O. BOX 9713  
City-St-Zip: DAYTONA BEACH, FL 32120

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD      (X) Change ( ) Addition  
Name: LEVERETTE, BERTHA,  
Address: 2332 GINGER MILL BLVD.  
City-St-Zip: ORLANDO, FL 32837

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

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

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

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BERTHA LEVERETTE

PD

04/21/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date