

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005976

FILED  
Feb 01, 2011  
Secretary of State

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

**Current Principal Place of Business:**

150 AVE. U. NW  
# C  
WINTER, FL 33881

**New Principal Place of Business:**

**Current Mailing Address:**

150 AVE. U. NW  
WINTER, FL 33881

**New Mailing Address:**

**FEI Number:** 56-1459603

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

LEVRETTE, BERTHA O.  
150 AVE. U. NW  
WINTER, FL 33881 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  
Name: LEVERETTE, BERTHA O.  
Address: 150 AVE. U. NW  
City-St-Zip: WINTER HAVEN, FL 33881

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

Title: S  
Name: PIERRISSAINT, WALNER  
Address: 5230 GANHILL COURT  
City-St-Zip: ORLANDO,, FL 32818

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

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

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

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

SIGNATURE: BERTHA O. LEVERETTE

PRES

02/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date