2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008
Secretary of State

DOCUMENT# N04000009556

Entity Name: EXCEPTIONAL NURSE, INC.

Current Principal Place of Business:

13019 COASTAL CIR.
PALM BCH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

13019 COASTAL CIR.
PALM BCH GARDENS, FL 33410

New Mailing Address:

FEI Number: 65-1154875 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: MAHEADY, DONNA C
Address: 13019 COASTAL CIR.
City-St-Zip: PALM BCH GARDENS, FL 33410

Title: VD ( ) Delete
Name: WINLAND-BROWN, JILL E
Address: 13019 COASTAL CIR.
City-St-Zip: PALM BCH GARDENS, FL 33410

Title: SD ( ) Delete
Name: FLEMING, SUSAN
Address: 13019 COASTAL CIR.
City-St-Zip: PALM BCH GARDENS, FL 33410

Title: TD ( ) Delete
Name: FOLDEN, SUSAN
Address: 13019 COASTAL CIR.
City-St-Zip: PALM BCH GARDENS, FL 33410

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: DONNA MAHEADY PD 01/29/2008

Electronic Signature of Signing Officer or Director — Date