2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2012
Secretary of State

DOCUMENT# N05000004895

Entity Name: NORTH CENTRAL FLORIDA ADVANCED PRACTICE NURSES, INC.

Current Principal Place of Business:

3417 SE 30TH PLACE
GAINESVILLE, FL 32641

New Principal Place of Business:

Current Mailing Address:

3417 SE 30TH PLACE
GAINESVILLE, FL 32641

New Mailing Address:

FEI Number: 20-2825502 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GIBBONS, RICHARD B MR.
3417 SE 30TH PLACE
GAINESVILLE, FL 32641 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: JUNGKLAUS, TAMI MS.
Address: 7701 WHITE OAKS RD.
City-St-Zip: ALACHUA, FL 32615

Title: SD
Name: TURPENING, PAULA
Address: 9331 SW 19TH AVE
City-St-Zip: GAINESVILLE, FL 32607

Title: TD
Name: GIBBONS, RICHARD B
Address: 3417 SE 30TH PLACE
City-St-Zip: GAINESVILLE, FL 32641

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: RICHARD B. GIBBONS TD 01/31/2012

Electronic Signature of Signing Officer or Director Date