

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007110

FILED
Feb 23, 2011
Secretary of State

Entity Name: POLK COUNTY ADVANCED PRACTICE NURSES ASSOCIATION, INC.

Current Principal Place of Business:

336 WEST HIGHLAND
DRIVE #4
LAKELAND, FL 33813

New Principal Place of Business:

Current Mailing Address:

PO BOX 93055
LAKELAND, FL 338043055

New Mailing Address:

FEI Number: 20-8021590

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WENDEL, JOHN F
% WENDEL & CHRITTON, CHARTERED
225 EAST LEMON ST., SUITE 351
LAKELAND, FL 33801 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: PRES
Name: LESTER, DONNA ARNP
Address: 8231 SHORT WAY
City-St-Zip: LAKELAND, FL 33809

Title: VP
Name: BRYANT, MELISSA ARNP
Address: 3370 KILMER DR
City-St-Zip: LAKELAND, FL 33803

Title: SECR
Name: RAMPERSAD, MICHELLE ARNP
Address: 6023 COUNTRY WALK LANE
City-St-Zip: LAKELAND, FL 33880

Title: TREA
Name: LYON, RAMONA ARNP
Address: 3942 STRICKLAND MANOR
City-St-Zip: LAKELAND, FL 33812

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: RAMONA H LYON

TREA

02/23/2011

Electronic Signature of Signing Officer or Director

Date