

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002899

FILED
Apr 17, 2009
Secretary of State

Entity Name: DOCTORS OF NURSING PRACTICE PROFESSIONAL DEVELOPMENT, INC.

Current Principal Place of Business:

1507 WILD IRIS LANE
ORANGE PARK, FL 32003

New Principal Place of Business:

6617 WEST INDIANTOWN ROAD, SUITE 56-103
JUPITER, FL 33458

Current Mailing Address:

PO BOX 7156
ORANGE PARK, FL 32073

New Mailing Address:

6617 WEST INDIANTOWN ROAD, SUITE 56-103
JUPITER, FL 33458

FEI Number: 26-2936905

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'DELL, DAVID G
1507 WILD IRIS LANE
ORANGE PARK, FL 32003 US

Name and Address of New Registered Agent:

D.G.O'DELL, INC.
6617 WEST INDIANTOWN ROAD, SUITE 56-103
JUPITER, FL 33458 US

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: DAVID G. O'DELL

04/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: O'DELL, DAVID G
Address: 1507 WILD IRIS LANE
City-St-Zip: ORANGE PARK, FL 32003

Title: VP () Delete
Name: WILLIAMS, JOYCE
Address: 26 GROVE CREEK CIRCLE
City-St-Zip: SMITHSBURG, MD 21783

Title: S () Delete
Name: PIERCE, MARGARET
Address: 201 KEMPER LANE
City-St-Zip: KNOXVILLE, TN 37920

Title: T () Delete
Name: HOLLIER, AMELIE
Address: 103 DARWIN CIRCLE
City-St-Zip: LAFAYETTE, LA 70508

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: O'DELL, DAVID G
Address: 232 SUSSEX CIRCLE
City-St-Zip: JUPITER, FL 33458

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: DAVID G. O'DELL

P

04/17/2009

Electronic Signature of Signing Officer or Director

Date