2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2010
Secretary of State

DOCUMENT# N08000002899

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

Current Principal Place of Business:

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

New Principal Place of Business:

6671 WEST INDIANTOWN ROAD, SUITE 50-103
JUPITER, FL 33458

Current Mailing Address:

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

New Mailing Address:

6671 WEST INDIANTOWN ROAD, SUITE 50-103
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:

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

Name and Address of New Registered Agent:

D.G.O'DELL, INC.
6671 WEST INDIANTOWN ROAD, SUITE 50-103
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 04/26/2010
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

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

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: DAVID G. O'DELL P 04/26/2010
Electronic Signature of Signing Officer or Director Date