

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000007748

**FILED**  
**Apr 15, 2012**  
**Secretary of State**

**Entity Name:** CARROLLWOOD PROFESSIONALS NETWORK INC

**Current Principal Place of Business:**

11307 GALLERIA DR  
TAMPA, FL 33618

**New Principal Place of Business:**

**Current Mailing Address:**

11307 GALLERIA DR  
TAMPA, FL 33618

**New Mailing Address:**

**FEI Number:** 45-3059955

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NIELSEN, KARLA  
11307 GALLERIA DR  
TAMPA, FL 33618 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: P  
Name: NIELSEN, KARLA  
Address: 11307 GALLERIA DR  
City-St-Zip: TAMPA, FL 33618

Title: VP  
Name: HOCK, WENDELL  
Address: 3105 RESEDA CT  
City-St-Zip: TAMPA, FL 33618

Title: VP  
Name: PERKINS, CINDY  
Address: 18942 N DALE MABRY HWY  
City-St-Zip: LUTZ, FL 33548

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: KARLA NIELSEN

PRES

04/15/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date