FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 JUN 21 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N32753 (8)

1. Corporation Name
NURSING EXECUTIVES OF POLK COUNTY, INC.

Principal Place of Business	Mailing Address
301 S 10TH ST HAINES CITY FL 33844 US	PO BOX 67 HAINES CITY FL 33845 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/12/1989
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2969977 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26 P.O. Box 90352	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
City & State 23	City & State 28 Lakeland, FL.	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
Zip / Country 24 / 25	Zip / Country 29 33804-352 / 30 Polk Co, USA	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BARNHART, ANN
301 S 10TH ST
HAINES CITY FL 33844

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	11 TITLE	S ☒ Change ☐ Addition
NAME	DUVALL, DAPHNE	12 NAME	DuVall, Daphne
STREET ADDRESS	200 AVENUE F, NE	13 STREET ADDRESS	200 Avenue F, NE
CITY-ST-ZIP	WINTER HAVEN FL	14 CITY-ST-ZIP	Winter Haven, FL. 33881
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	MEYER, LUCIE	22 NAME	
STREET ADDRESS	4140 LAKELAND HIGHLANDS RD	23 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	24 CITY-ST-ZIP	600001521456
TITLE	C	31 TITLE	-06/23/95--01000-037 ☐ Change ☐ Addition
NAME	CLAYTON, CLARA	32 NAME	****130.00 ****130.00
STREET ADDRESS	111 LAKE HOLLINGWORTH DR	33 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	34 CITY-ST-ZIP	
TITLE	P	41 TITLE	P ☐ Change ☐ Addition
NAME	BARNHART, ANN	42 NAME	Barnhart, Ann
STREET ADDRESS	301 S 10TH ST	43 STREET ADDRESS	301 S 10th St
CITY-ST-ZIP	HAINES CITY FL	44 CITY-ST-ZIP	Haines City, FL. 33845
TITLE	T	51 TITLE	T ☒ Change ☐ Addition
NAME	GOODEMOTE, ED	52 NAME	Reeder, Carol
STREET ADDRESS	1324 LAKELAND HILLS BLVD	53 STREET ADDRESS	101 Avenue O, SE
CITY-ST-ZIP	LAKELAND FL	54 CITY-ST-ZIP	Winter Haven, FL. 33880
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carol L. Reeder Carol L. Reeder 4/27/95 813-294-7012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0067004