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Mar 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

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 90352 LAKELAND FL 33804-0352 US

3. Date Incorporated or Qualified: 06/12/1969
3a. Date of Last Report: 08/23/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 59-2969977 ☐ Applied ☐ Not Appl

5. Certificate of Status Desired ☐ **$8.75** Additio Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May B Added to Fees

8. This corporation has liability for intangible tax under s. 199.0 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 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist 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 register agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	☐ DELETE	1.1 TITLE	☐ Change ☐ Ad
NAME	DUVALL, DAPHNE		1.2 NAME	
STREET ADDRESS	200 AVENUE F, NE		1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL		1.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	2.1 TITLE	☐ Change ☐ Add
NAME	MEYER, NANCY		2.2 NAME	
STREET ADDRESS	105 ARNESON AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL 33823		2.4 CITY-ST-ZIP	
TITLE	DP	☐ DELETE	3.1 TITLE	☐ Change ☐ Add
NAME	FOJTIK, MARTHA		3.2 NAME	
STREET ADDRESS	134 ARIANA AVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL 33823		3.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	4.1 TITLE	☐ Change ☐ Addi
NAME	BARNHART, ANN		4.2 NAME	
STREET ADDRESS	301 S 10TH ST		4.3 STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL		4.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	5.1 TITLE	☐ Change ☐ Addi
NAME	REEDER, CAROL		5.2 NAME	400002117414
STREET ADDRESS	101 AVE. O SE		5.3 STREET ADDRESS	-03/18/97--01112--050
CITY-ST-ZIP	WINTER HAVEN FL 33880		5.4 CITY-ST-ZIP	***61.25
TITLE	T	☐ DELETE	6.1 TITLE	☐ Change ☐ Addi
NAME	LOVE, LYNN		6.2 NAME	
STREET ADDRESS	10129 FOX CENTRAL		6.3 STREET ADDRESS	
CITY-ST-ZIP	POLK CITY FL 33868		6.4 CITY-ST-ZIP	

3/18/97

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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; th I am an officer or director of the corporation or the receivor 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: Lynn Love Lynn Love 1-3-97 (941)619-8822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

Lynn Love 3-12-97