2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **N32753** May 16, 2000 8:00 am Secretary of State 1. Entity Name NURSING EXECUTIVES OF POLK COUNTY, INC. 03-30-2000 90005 029 ****61.25 Mailing Address Principal Place of Business PO BOX 90352 101 AVE. O., S.E. LAKELAND FL 33804-0352 WINTER HAVEN FL 33880 3. Mailing Address 2. Principal Place of Business PO Box 2745 705 N. Lake Parker Ave. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2969977 Lakeland, FL Lakeland, FL Not Applicable Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 33801 33806 Polk Polk 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Jean Wright Street Address (P.O. Box Number is Not Acceptable) 705 N. Lake Parker Ave CAROL REEDER 101 AVE. O, S.E. WINTER HAVEN FL 33880 City Zip Code 33801 Lakeland 8. 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 (NOTE, Registered Agent signature required when rematating) or printed name of registered Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be П Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. m ☐ Change X Addition TITLE TITLE 🙀 Defete NAME Wright, Jean REEDER, CAROL NAME STREET ADDRESS STREET ADDRESS 705 N. Lake Parker Ave. 101 AVE. O, S.E. CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL 33880 <u>Lakeland, FL 33801</u> TITLE ☐ Change 3 Addition TITLE Delete NAME FOJTIK, MARTY NAME Wicker, Mary STREET ADDRESS STREET ADDRESS 134 ARIANA AVE 1600 LakeLAND Hills Blvd. CITY-ST-ZIP CITY-ST-ZIP AUBURNDALE FL 33823 LakelaND FL 33805 Change Addition TITLE TITLE C Celete NAME FANSLER, JANET Fansler, Janet 1324 Lakeland Hills Blvd. MAME STREET ADDRESS STREET ADDRESS 1324 LAKELAND HILLS BLVD. CITY-ST-ZIP CITY-ST-ZIP Lakeland FL 33805 LAKELAND FL 33805 Change Addition Delete TITLE TITLE D٧ Watson, Phyllis D NAME BARNHART, ANN NAME STREET ADDRESS STREET ADDRESS 1324 Lakeland Hills Blvd. 301 S 10TH ST CITY-ST-7IP CITY-ST-ZIP HAINES CITY FL Lakeland FL 33805 ☐ Change Addition Delete TITLE NAME REEDER, CAROL NAME Negoshian, Carol D STREET ADDRESS STREET ADDRESS 101 AVE. O SE 1615 US Hwy 27 N CITY-ST-ZIP CITY-SY-ZIP WINTER HAVEN FL 33880 Davenport FL 33837 ☐ Change Addition TITLE Delete TITLE NAME LOVE, LYNN NAME Cisky, Fern STREET ADDRESS STREET ADDRESS 10129 FOX CENTRAL 1540 6th St. NW CITY-ST-7/P CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

REMOTE House WIRTSHET Fouster SKINATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-00 Date

863 687-1131

(66/6)

Daytime Phone #