## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address, with all other like empowered.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## May 14, 2001 8:00 am Secretary of State **DOCUMENT # N32753** 1. Entity Name NURSING EXECUTIVES OF POLK COUNTY, INC. 05-14-2001 90237 033 \*\*\*\*61.25 Mailing Address Principal Place of Business PO BOX 2745 705 N LAKE PARKER AVE LAKELAND FL 33806 LAKELAND FL 33801 US 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 59-2969977 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) WRIGHT, JEAN 705 N LAKE PARKER AVE LAKELAND FL 33801 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. Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition TITLE ☐ Delete TITLE slie Medders WRIGHT, JEAN NAME NAME O AVE. F STREET ADDRESS STREET ADDRESS 705 N LAKE PARKER AVE nter Haven FL 33881 CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33801 ☐ Delete TITLE TITLE of Lakeland Hills Blud. NAME WICKER, MARY NAME 1600 LAKELAND HILLS BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KEland CITY-ST-ZIP LAKELAND FL 33805 ☐ Change ☐ Addition Detete TITLE TITLE FANSLER, JANET NAME NAME 1324 LAKELAND HILLS BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33805 Change ☐ Addition CD TITLE ☐ Delete TITLE NAME WATSON, PHYLLIS NAME STREET ADDRESS 1324 LAKELAND HILLS BLVD STREET ADDRESS akiland FL 33803 CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33805 ☐ Addition CD ☐ Delete TITLE Change TITLE **NEGOSHIAN, CAROL** NAME 1615 US HWY 27 N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DAVENPORT FL 33837** Change ☐ Addition ☐ Delete TIT! F TITLE CISKY, FERN NAME NAME 1540 6TH ST NW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL 33881 12. Thereby 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 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