

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N32753**

1. Entity Name

**NURSING EXECUTIVES OF POLK COUNTY, INC.***Amended*  
*\$ 61.25*

FILED

02 OCT -7 PM 2:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

705 N LAKE PARKER AVE  
LAKELAND FL 33801  
US

Mailing Address

PO BOX 90352  
LAKELAND FL 33808  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEDDOERSN, LESLIE  
200 AVENUE F NE  
WINTER HAVEN FL 33881

Name

*HEATHER O'CONNOR*

Street Address (P.O. Box Number is Not Acceptable)

*705 North Lake Parker Avenue*

City

*Lakeland*

FL

Zip Code

*33804*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Heather E. O'Connor*

Signature, typed or printed name of registered agent or applicable.

(NOTE: Registered Agent signature required when reinstating)

*8/15/02*

DATE

After September 13, 2002,  
min. will be \$236.25.9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                       |                                 |
|----------------|-----------------------|---------------------------------|
| TITLE          | T                     | <input type="checkbox"/> Delete |
| NAME           | MEDDOERS, LESLIE      |                                 |
| STREET ADDRESS | 200 AVE F NE          |                                 |
| CITY-ST-ZIP    | WINTER HAVEN FL 33881 |                                 |

|                |                        |                                                                   |
|----------------|------------------------|-------------------------------------------------------------------|
| TITLE          | Jennifer Blank - Pres  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | 200 Ave F NE           |                                                                   |
| STREET ADDRESS | WINTER HAVEN, FL 33881 |                                                                   |
| CITY-ST-ZIP    |                        |                                                                   |

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE          | S                        | <input type="checkbox"/> Delete |
| NAME           | O'CONNOR, HEATHER        |                                 |
| STREET ADDRESS | 1600 LAKELAND HILLS BLVD |                                 |
| CITY-ST-ZIP    | LAKELAND FL 33805        |                                 |

|                |                        |                                                                   |
|----------------|------------------------|-------------------------------------------------------------------|
| TITLE          | Susie Hart - Sec       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | 101 Ave O SE           |                                                                   |
| STREET ADDRESS | WINTER HAVEN, FL 33881 |                                                                   |
| CITY-ST-ZIP    |                        |                                                                   |

|                |                           |                                            |
|----------------|---------------------------|--------------------------------------------|
| TITLE          | P                         | <input checked="" type="checkbox"/> Delete |
| NAME           | FANSLER, JANET            |                                            |
| STREET ADDRESS | 1324 LAKELAND HILLS BLVD. |                                            |
| CITY-ST-ZIP    | LAKELAND FL 33805         |                                            |

|                |                         |                                                                              |
|----------------|-------------------------|------------------------------------------------------------------------------|
| TITLE          | Robin Heerman - Educ.   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | 600 Lakeland Hills Blvd |                                                                              |
| STREET ADDRESS | Lakeland, FL 33805      |                                                                              |
| CITY-ST-ZIP    |                         |                                                                              |

|                |                     |                                            |
|----------------|---------------------|--------------------------------------------|
| TITLE          | B-LC                | <input checked="" type="checkbox"/> Delete |
| NAME           | HAGGBLOOM, JOANN    |                                            |
| STREET ADDRESS | 3225 WINTER LAKE RD |                                            |
| CITY-ST-ZIP    | LAKELAND FL 33803   |                                            |

|                |  |                                                                   |
|----------------|--|-------------------------------------------------------------------|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |

|                |                    |                                 |
|----------------|--------------------|---------------------------------|
| TITLE          | CD                 | <input type="checkbox"/> Delete |
| NAME           | NEGOSHIAN, CAROL   |                                 |
| STREET ADDRESS | 1815 US HWY 27 N   |                                 |
| CITY-ST-ZIP    | DAVENPORT FL 33837 |                                 |

|                |                           |                                                                              |
|----------------|---------------------------|------------------------------------------------------------------------------|
| TITLE          | Carol Negoshian - Pres    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | 1324 Lakeland Hills Blvd. |                                                                              |
| STREET ADDRESS | Lakeland, FL 33805        |                                                                              |
| CITY-ST-ZIP    |                           |                                                                              |

|                |                       |                                            |
|----------------|-----------------------|--------------------------------------------|
| TITLE          | CD                    | <input checked="" type="checkbox"/> Delete |
| NAME           | CISKY, FERN           |                                            |
| STREET ADDRESS | 1540 6TH ST NW        |                                            |
| CITY-ST-ZIP    | WINTER HAVEN FL 33881 |                                            |

|                |  |                                                                   |
|----------------|--|-------------------------------------------------------------------|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| 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)(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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *CISKY, FERN*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*8-29-02*

Date

*863-284-1855*

Daytime Phone #

CR2E037 (4/02)