## **2004 NOT-FOR-PROFIT CORPORATION**

## **ANNUAL REPORT**

**DOCUMENT # N32753** 

FILED May 03, 2004 8:00 am Secretary of State

05-03-2004 90758 034 \*\*\*\*61.25

1. Entity Nam NURSING		ITIVES OF POLK (	COUNT	Y, INC.				30 02 <b>2</b> 0				
1324 LAKELAND HILLS BLVD.			P0 B0	Mailing Address PO BOX 95448 LAKELAND, FL 33804 US				14017617				
2. Principal Place of Business 3.			3. Mailir	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04052004	Chg-NP	CR2E03	37 (10/03)			
City & State			City & State			4. FEI Number NOT APPI	LICABLE			oplied For		
Zip	Zip Country		Zip	Zip Cou		ry	5. Certificate of	Status Desired		\$8.75 Add	ditional	
6. Name and Address of Current Registered Ag			i Agent			7. Name and Ad	7. Name and Address of New Registered Agent					
LUINT IZA	TUV					Name						
HUNT, KATHY 1324 LAKELAND HILLS BLVD. LAKELAND, FL 33804						Street Address (P.O. Box Number is Not Acceptable)						
	D, 1 L 000											
					City			FL	Zip Cod	e		
8. The above the obligat	named entitions of regist	y submits this statement for tered agent.	r the purpo	se of changing its	registered	office or regis	stered agent, or both,	in the State of Flo	orida. I am	familiar with,	and accept	
SIGNATURE .	) ) )											
SIGNATIONE.												
SIGNATURE.	Signature, typed	or printed name of registered agent a	and title it applic	cable. (NOTE	: Registered A	gent signature requ	uired when reinstating)		DATE			
SIGNATURE.	Filing Fe	e is \$61.25 Aay 1, 2004	and title it appli	9. Election Carr Trust Fund C	npaign Fin	ancing	\$5.00 May Be Added to Fees		lake checi	c payable to		
10.	Filing Fe	e is \$61.25		9. Election Cam	npaign Fin	ancing	\$5.00 May Be	Flor	lake checi ida Depar	tment of S	tate	
	Filing Fe	e is \$61.25 lay 1, 2004		9. Election Cam	npaign Fin	ancing	\$5.00 May Be Added to Fees	Flor	lake checi ida Depar	tment of S	tate	
10.	Filing Fe Due by &	e is \$61.25 May 1, 2004  OFFICERS AND DIF		9. Election Carr Trust Fund C	npaign Fin contribution	ancing	\$5.00 May Be Added to Fees	Flor	lake checi ida Depar	RECTORS IN	tate	
10. TITLE NAME STREET ADDRESS	T HUNT, KA	oe is \$61.25 May 1, 2004  OFFICERS AND DIF		9. Election Carr Trust Fund C	npaign Findontribution  11.  TITLE NAME	ancing	\$5.00 May Be Added to Fees	Flor	lake checi ida Depar	RECTORS IN	tate	
10. TITLE NAME	Filing Fe Due by & T HUNT, KA 1324 LAK LAKELAN	e is \$61.25 May 1, 2004  OFFICERS AND DIF		9. Election Carr Trust Fund C	npaign Findontribution  11.  TITLE NAME	ancing	\$5.00 May Be Added to Fees	Flor	lake checi ida Depar	RECTORS IN	tate	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	T HUNT, KA 1324 LAK LAKELAN	OFFICERS AND DIF ATHY ELAND HILLS BLVD ID, FL 33804		9. Election Carr Trust Fund C	npaign Fin. contribution 11. TITLE NAME STREET	ancing	\$5.00 May Be Added to Fees	Flor	lake checi ida Depar	RECTORS IN	tate	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	T HUNT, KA 1324 LAK LAKELAN D BLANK, J	OFFICERS AND DIF		9. Election Cam Trust Fund C	11. TITLE NAME STREET CITY-S TITLE NAME	ADDRESS	\$5.00 May Be Added to Fees	Flor	lake checi ida Depar	TIMENT OF SINCE Change	tate I 10 Addition	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	T HUNT, KA 1324 LAK LAKELAN D BLANK, J 200 AVE	OFFICERS AND DIF		9. Election Cam Trust Fund C	npaign Fin contribution 11. TITLE NAME STREET CITY-S TITLE NAME STREET	ADDRESS 1-2IP	\$5.00 May Be Added to Fees	Flor	lake checi ida Depar	TIMENT OF SINCE Change	tate I 10 Addition	
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10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	THUNT, KA 1324 LAK LAKELAN D BLANK, J 200 AVE WINTER S HART, SL	OFFICERS AND DIF		9. Election Carr Trust Fund C	npaign Finiontribution  11.  ITILE NAME STREET CITY-S  ITILE NAME STREET CITY-S  TITLE NAME NAME NAME	ADDRESS 1-ZIP ADDRESS 1-ZIP	\$5.00 May Be Added to Fees	Flor	lake checi ida Depar	tment of Si RECTORS IN Change	Addition	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE	THUNT, KA 1324 LAK LAKELAN D BLANK, J 200 AVE WINTER S HART, SL 101 AVE 6	OFFICERS AND DIF		9. Election Carr Trust Fund C	npaign Finiontribution  11.  ITILE NAME STREET CITY-S  ITILE NAME STREET CITY-S  TITLE NAME NAME NAME	ADDRESS 1-ZIP  ADDRESS 4-ZIP  ADDRESS 4-ZIP	\$5.00 May Be Added to Fees	Flor	lake checi ida Depar	tment of Si RECTORS IN Change	Addition	
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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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-646-1900 Daytime Phone #