2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32753

FILED Mar 28, 2005 Secretary of State

Entity Name: NURSING EXECUTIVES OF POLK COUNTY, INC.

Current Principal Place of Business:		New Principal Place of Business:	
	ELAND HILLS BLVD. D, FL 33804 US		
Current M	lailing Address:	New Maili	ng Address:
PO BOX 9 LAKELANI	5448 D, FL 33804 US		
FEI Number:	: FEI Number Applied For ()	FEI Number Not App	licable (X) Certificate of Status Desired ()
Name and	Address of Current Registered Agent:	Name and	Address of New Registered Agent:
	THY ELAND HILLS BLVD. D, FL 33804 US		
	e named entity submits this statement for the pu e of Florida.	urpose of changing i	its registered office or registered agent, or both,
SIGNATU	RE:		
	Electronic Signature of Registered Age	nt	Date
OFFICER	S AND DIRECTORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	T () Delete HUNT, KATHY 1324 LAKELAND HILLS BLVD LAKELAND, FL 33804	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () Delete BLANK, JENNIFER 200 AVE 7 NE WINTER HAVEN, FL 33881	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition MEDDERS, LESLIE 200 AVE 7 NE WINTER HAVEN, FL 33881
Title: Name: Address: City-St-Zip:	S () Delete HART, SUSIE 101 AVE 0 SE WINTER HAVEN, FL 33880	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	CD () Delete VOYLES, MARGIE 1324 LAKELAND HILLS BLVD LAKELAND, FL 33804	Title: Name: Address: City-St-Zip:	P (X) Change () Addition VOYLES, MARGIE 1324 LAKELAND HILLS BLVD LAKELAND, FL 33804
Title: Name: Address: City-St-Zip:	D () Delete HEMANN, ROBBIN 1600 LAKELAND HILLS BLVD LAKELAND, FL 33805	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition WALLIS, JACKIE 1324 LAKELAND HILLS BLVD LAKELAND, FL 33804

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHY HUNT T 03/28/2005