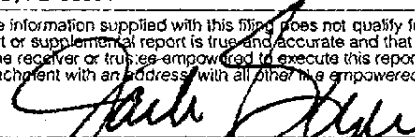


FILED
Feb 28, 2006 08:00 AM
Secretary of State

DOCUMENT # N32753					
1. Entity Name NURSING EXECUTIVES OF POLK COUNTY, INC.					
Principal Place of Business 1324 LAKELAND HILLS BLVD. LAKELAND, FL 33804 US			Mailing Address PO BOX 95448 LAKELAND, FL 33804 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & 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		
HUNT, KATHY 1324 LAKELAND HILLS BLVD. LAKELAND, FL 33604			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	HUNT, KATHY		NAME	1000000452303	
STREET ADDRESS	1324 LAKELAND HILLS BLVD		STREET ADDRESS	03/11/06-80024-003 61.25	
CITY-ST-ZIP	LAKELAND, FL 33804		CITY-ST-ZIP		
VP		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MEDDERS, LESLIE		NAME		
STREET ADDRESS	200 AVE 7 NE		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 33881		CITY-ST-ZIP		
S		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	HART, SUSIE		NAME		
STREET ADDRESS	101 AVE O SE		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 33880		CITY-ST-ZIP		
P		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	VOYLES, MARGIE		NAME		
STREET ADDRESS	1324 LAKELAND HILLS BLVD		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33804		CITY-ST-ZIP		
D		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	HEMANN, ROBBIN		NAME		
STREET ADDRESS	1600 LAKELAND HILLS BLVD		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33805		CITY-ST-ZIP		
O		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	WALLIS, JACKIE		NAME		
STREET ADDRESS	1324 LAKELAND HILLS BLVD		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33804		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 name empowered.					
SIGNATURE:  Jack T. Stephens 2/23/06 863-87-1295					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					