P00000026056

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Professional Nurses of Palm Beach County, Inc. (Name of corporation)
DOCUMENT NUMBER: P00000026056 FEI Number 65089992
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Leonard Giampetro (Name of contact person)
Professional Nurses of Palm Beach County, Inc. (Firm/Company)
2500 Quantum Lakes Dr. Suite 203 (Address)
Boynton Beach, Fi. 33426
Boynton Beach, Fl. 33426 (City/state and zip code)
For further information concerning this matter, please call:
Leonard Giampetro at (954) 328 4453 (Name of contact person) (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

CR2E045(6/04)

** ** ** *

arrage to

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502 ange is submitted for a corporation organi er to change its registered office or register	
1. The name of	the corporation: Professional Nurses of P	alm Beach County, Inc.
2. The principal	office address: 2500 Quantum Lakes Dr	Suite 203
	ach, Fl. 33426	
3. The mailing	address (if different): -same-	
4. Date of incor	poration/qualification: 3/8/00	Document number: P00000026056
	d street address of the current registered ag	ent and registered office on file with the
	Ginger. Giampetro	
,	2500 Quantum Lakes Dr. Suite 203	
	Boynton Beach, Fl. 33426	
6. The name an (if changed):	d street address of the new registered agen	t (if changed) and /or registered office
	Leonard C. Giampetro	
	2500 Quantum Lakes Dr. Suite 203	
	(P.O. Box NOT acceptable)	
	Boynton Beach,Fl. 33426	<u>and the second of the second </u>
The street addr	ess of its registered office and the street all the identical.	address of the business office of its registered agent,
Such change wathorized by t	as authorized by resolution duly adopted the board, or the corporation has been no	by its board of directors or by an officer so tified in writing of the change.
Je man	ture of an officer of director)	Leonard C Giampetro President CEO (Printed or typed name and title)
of my duties, and document is he	t the appointment as registered agent and to comply with the provisions of all state and I am familiar with and accept the oblining filed merely to reflect a change in the seen notified in writing of this change.	d agree to act in this capacity. tes relative to the proper and complete performance gation of my position as registered agent. Or, if this registered office address, I hereby confirm that the
A long	ignature of Registered Agent)	11/8/04 (Date)
,	ehalf of an entity:	1
Leonard C. Gia		المحادثة ومعتدان والعراب والمراجع المراجع المعادية والمعتدان والمعادية والمعتدان والمعادية والمعادية والمعتدان والمع
	Typed or Printed Name)	

* * * FILING FEE: \$35.00 * * *