## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 30, 2007 08:00 AN Secretary of State

ANNUAL REPORT					11pi 00, 2007 00.0			
DOCUMENT # P00000026056						Secret	ary of Sta	
PROFES	e SIONAL NURSES OF PALM	BEACH COUNTY,						
Principal Plac	e of Business	Mailing Address						
5913 SOUTH ATLANTIS, FI	I CONGRESS AVE. L 33462	5913 SOUTH CONGRESS AVE. ATLANTIS, FL 33462		 	83111 88111 98111 88111 <b>98</b> 1	II BBIID IIBIB BIIIF	BAISI BINIK ANNERI NI SEKI	
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10 4 4 4 4 4	6. Name and Address of Current Re	Sales of the sales of the	in the state of th	5. Certificate	OI Status Desired	Fe	e Required	
	6. Name and Address of Current Re	gistered Agent		y y dry mode,	e, de la france	d are		
GIAMPETRO, LEONARD C			and the state of t		<b>NOT W</b>		alfanti (artisat)	
2500 QUANTUM LAKES DR SUITE 203				Anna tr <b>ibir</b>	THIC CE		Mark July Mark	
BOYNTON BEACH, FL 33426			i maria a a a a a		THIS SF	ACE		
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	named entity submits this statement for the	ne purpose of changing its register	ed office or register	ed agent, or bo	th, in the State of Fl	orida. I am fai	miliar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and	title II applicable (NOTE: Registere	d Agent signature required	t when reinstating)		DATE	<u></u>	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	neing \$5.	.00 May Be ed to Fees					
10.	OFFICERS AND DI	RECTORS	1 + 1111 5		og fred i tradi			
TITLE NAME	PSD GREYDINGER, DAVID DR.			in Alle Allega Little State		\$0.00 miles		
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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 607. 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:

STREET ADDRESS CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

eydinger 4/25/07

Davtime Phone #