# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 05, 2006**
**Secretary of State**

DOCUMENT# P01000002763

**Entity Name:** PHYSICIANS' PRIVATE NURSING SERVICE, INC.

**Current Principal Place of Business:**

14529 HORSESHOE TRACE
WELLINGTON, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

14529 HORSESHOE TRACE
WELLINGTON, FL 33414

**New Mailing Address:**

**FEI Number: 65-1057142** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MUNDEN, ROBERT J
14529 HORSESHOE TRACE
WELLINGTON, FL 33414 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: MUNDEN, RHONDA
Address: 14529 HORSESHOE TRACE
City-St-Zip: WELLINGTON, FL 33414

Title: S ( ) Delete
Name: MUNDEN, ROBERT
Address: 14529 HORSESHOE TRACE
City-St-Zip: WELLINGTON, FL 33414

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT J. MUNDEN S 07/05/2006

Electronic Signature of Signing Officer or Director Date