

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000002763

FILED
Jan 11, 2011
Secretary of State

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

OFFICERS AND DIRECTORS:

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

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

I hereby 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 all other like empowered.

SIGNATURE: ROBERT MUNDEN

SEC.

01/11/2011

Electronic Signature of Signing Officer or Director

Date