

ANNUAL REPORT

DOCUMENT # P01000053816

1. Entity Name
DIAL-A-NURSE, INC.



Principal Place of Business
599 9TH STREET NORTH
SUITE 207
NAPLES, FL 34102-5625

Mailing Address
599 9TH STREET NORTH
SUITE 207
NAPLES, FL 34102-5625

FILED
Apr 19, 2007 08:00 A
Secretary of State



01192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1109460	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GROSSENBACHER, ROBERT J
599 9TH STREET NORTH
SUITE 207
NAPLES, FL 34102-5625

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO GROSSENBACHER, LYNETTE 599 9TH ST N, STE 207 NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST GROSSENBACHER, LYNETTE 599 9TH ST N, STE 207 NAPLES, FL 34102
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

000000716962
04/30/07-80029-006 150.00

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-07 (239) 434-8000

Date

Daytime Phone #