

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000063821

FILED  
Apr 08, 2010  
Secretary of State

**Entity Name:** INTERVENTION PROJECT FOR NURSES, INC.

**Current Principal Place of Business:**

224 N. THIRD ST  
JACKSONVILLE BEACH, FL 32250

**New Principal Place of Business:**

900 THIRD STREET  
2ND FLOOR  
NEPTUNE BEACH, FL 32266

**Current Mailing Address:**

PO BOX 49130  
JACKSONVILLE BEACH, FL 32240

**New Mailing Address:**

**FEI Number:** 59-2898308

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILHITE, C L J.D.  
50 NORTH LAURA STREET  
STE. 2950  
JACKSONVILLE, FL 32202 US

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

MCCARTHY, JANET R ESQUIRE  
4600 TOUCHTON ROAD EAST  
SUITE 1150  
JACKSONVILLE, FL 32246 US

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: JANET MCCARTHY

04/08/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SMITH, LINDA L  
Address: 900 THIRD STREET, 2ND FLOOR  
City-St-Zip: NEPTUNE BEACH, FL 32266

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: LINDA L. SMITH

D

04/08/2010

Electronic Signature of Signing Officer or Director

Date