

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000065860

FILED  
Jan 05, 2005  
Secretary of State

Entity Name: AFTERCARE NURSING SERVICES, INC.

## Current Principal Place of Business:

2303 N. US 1  
SUITE 22  
FT PIERCE, FL 34946

## New Principal Place of Business:

1395 S. US 1  
VERO BEACH, FL 32962 US

## Current Mailing Address:

2303 N. US 1  
SUITE 22  
FT PIERCE, FL 34946

## New Mailing Address:

1395 S. US 1  
VERO BEACH, FL 32962 US

FEI Number: 65-1122319

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STEPHENSON, LYNN  
2303 N. US 1  
SUITE 22  
FT PIERCE, FL 34946 US

## Name and Address of New Registered Agent:

STEPHENSON, LYNN  
1395 S. US 1  
VERO BEACH, FL 32962 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: LYNN STEPHENSON

01/05/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: STEPHENSON, LYNN  
Address: 18 SAILFISH RD  
City-St-Zip: VERO BEACH, FL 32960

Title: D ( ) Delete  
Name: MASON, ELIZABETH A  
Address: 4235 79TH STREET  
City-St-Zip: VERO BEACH, FL 32967

## 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 Section 119.07(3)(i), 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: LYNN STEPHENSON

D

01/05/2005

Electronic Signature of Signing Officer or Director

Date