2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000031187

Entity Name: ADVANCED NURSING CONCEPTS. INC

FILED Mar 06, 2006 Secretary of State

Littly Na	IIIE. ADVANO	ED NORSING CONCEPTS, II	NC.			
Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:		
426 N 3RE SUITE C LEESBUR	O STREET G, FL 34748			1599 TROPICAL COURT TAVARES, FL 32778		
Current M	lailing Addres	ss:	New Maili	New Mailing Address:		
426 N 3RD STREET SUITE C LEESBURG, FL 34748				1599 TROPICAL COURT TAVARES, FL 32778		
FEI Number	: 01-0638291	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	l Address of C	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
426 N 3RE SUITE C LEESBUR The above	G, FL 34748	US	1599 TROI TAVARES	O, CHRISTI PICAL COUI , FL 32778 ts registered		
SIGNATU				03/06/2006		
0.0.0.		nic Signature of Registered Ag	ent		Date	
Election Car		g Trust Fund Contribution().				
OFFICER	S AND DIREC	TORS:	ADDITION	IS/CHANGE	S TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () THOMAS, JENN 38130 TIMBER UMATILLA, FL	LANE DR	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () MAGNIFICO, C 5120 BANANA OKAHUMPKA,	POINT DR	Title: Name: Address: City-St-Zip:	VP MAGNIFICO 449 SUNNYS LEESBURG,	SIDE DR	
Title: Name: Address: City-St-Zip:	D () WHITLOCK, RO 541 WHITLOCI MASCOTTE, FI	< ST	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D () MAGNIFICO, D 5120 BANANA OKHUMPKA, F	POINT DR	Title: Name: Address: City-St-Zip:	D MAGNIFICO 449 SUNNYS LEESBURG,	SIDE DR	
Title: Name: Address: City-St-Zip:	D () WHITLOCK, CE 311 NAVAL AVI BREMERTON,	≣	Title: Name: Address: City-St-Zip:		() Change () Addition	

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: CHRISTINE MAGNIFICO VP 03/06/2006