

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000031187

FILED
Jan 19, 2009
Secretary of State

Entity Name: ADVANCED NURSING CONCEPTS, INC.

Current Principal Place of Business:

1599 TROPICAL COURT
TAVARES, FL 32778

New Principal Place of Business:

Current Mailing Address:

1599 TROPICAL COURT
TAVARES, FL 32778

New Mailing Address:

FEI Number: 01-0638291

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAGNIFICO, CHRISTINE M
1599 TROPICAL COURT
TAVARES, FL 32778 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: THOMAS, JENNIFER
Address: 38130 TIMBERLANE DR
City-St-Zip: UMATILLA, FL 32784

Title: VP () Delete
Name: MAGNIFICO, CHRISTINE
Address: 449 SUNNYSIDE DR
City-St-Zip: LEESBURG, FL 34748

Title: D () Delete
Name: WHITLOCK, ROY
Address: 541 WHITLOCK ST
City-St-Zip: MASCOTTE, FL 34753

Title: D () Delete
Name: MAGNIFICO, DEREK
Address: 449 SUNNYSIDE DR
City-St-Zip: LEESBURG, FL 34748

Title: D () Delete
Name: WHITLOCK, CECIL R
Address: 311 NAVAL AVE
City-St-Zip: BREMERTON, WA 98312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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 M MAGNIFICO

VP

01/19/2009

Electronic Signature of Signing Officer or Director

Date