

2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 16, 2011
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

OFFICERS AND DIRECTORS:

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

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

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

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

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

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: CHRISTINE MAGNIFICO

VP

03/16/2011

Electronic Signature of Signing Officer or Director

Date