

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000130841

FILED
Feb 01, 2012
Secretary of State

Entity Name: NATIONAL NURSES IN BUSINESS ASSOCIATION, INC.

Current Principal Place of Business:

867 LEVITT PARKWAY
ROCKLEDGE, FL 32955

New Principal Place of Business:

867 LEVITT PARKWAY
ROCKLEDGE, FL 32955 UN

Current Mailing Address:

P.O. BOX 561081
ROCKLEDGE, FL 32956

New Mailing Address:

FEI Number: 55-0816924 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEMIS, PATRICIA A PATRICI
867 LEVITT PARKWAY
ROCKLEDGE, FL 32955 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: BEMIS, PATRICIA A PATRICI
Address: PO BOX 561081
City-St-Zip: ROCKLEDGE, FL 32956

Title: V
Name: BEMIS, WARREN P PATRICI
Address: PO BOX 561081
City-St-Zip: ROCKLEDGE, FL 32956

Title: T
Name: BEMIS, WARREN P PATRICI
Address: PO BOX 561081
City-St-Zip: ROCKLEDGE, FL 32956

Title: S
Name: BEMIS, PATRICIA A PATRICI
Address: 867 LEVITT PARKWAY
City-St-Zip: ROCKLEDGE, FL 32955

Title: CFO
Name: BEMIS, WARREN P PATRICI
Address: PO BOX 561081
City-St-Zip: ROCKLEDGE, FL 32956

Title: MGR
Name: BEMIS, PATRICIA A PATRICI
Address: PO BOX 561081
City-St-Zip: ROCKLEDGE, FL 32956

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: PATRICIA ANN BEMIS

PRES

02/01/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date