## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000087926

BROOKSVILLE, FL 34604

City-St-Zip:

Entity Name: MALY NURSE PRACTITIONER SERVICES, INC.

FILED Apr 30, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	IAM SULLIVAI /ILLE, FL 3460			
Current Mailing Address:			New Mailing Address:	
	IAM SULLIVAI /ILLE, FL 3460			
FEI Number: 20-3066455 FEI Number A		FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:
1840 SW 2 4TH FLOC MIAMI, FL The above	)R 33145 US		purpose of changing its registere	d office or registered agent, or both,
SIGNATU		is Oissanting of Descistance I As	1	D-t-
Election Car		iic Signature of Registered Acg g Trust Fund Contribution ( ).	gent	Date
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	MALY, JULIE T	Delete SULLIVAN CIRCLE , FL 34604	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address:	MALY, STEVEN	i Delete I E SULLIVAN CIRCLE	Title: Name: Address:	() Change () Addition

City-St-Zip:

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: JULIE T. MALY PSD 04/30/2006