

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000087926

FILED
Mar 23, 2009
Secretary of State

Entity Name: MALY NURSE PRACTITIONER SERVICES, INC.

Current Principal Place of Business:

5176 WILLIAM SULLIVAN CIRCLE
BROOKSVILLE, FL 34604

New Principal Place of Business:

Current Mailing Address:

5176 WILLIAM SULLIVAN CIRCLE
BROOKSVILLE, FL 34604

New Mailing Address:

FEI Number: 20-3066455

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: PSD () Delete
Name: MALY, JULIE T
Address: 5176 WILLIAM SULLIVAN CIRCLE
City-St-Zip: BROOKSVILLE, FL 34604

Title: VTD () Delete
Name: MALY, STEVEN E
Address: 5176 WILLIAM SULLIVAN CIRCLE
City-St-Zip: BROOKSVILLE, FL 34604

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: STEVEN E MALY

VTD

03/23/2009

Electronic Signature of Signing Officer or Director

Date