2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 10, 2006
Secretary of State

DOCUMENT# P05000155362

Entity Name: PALM BEACH NURSING, INC.

Current Principal Place of Business:

1499 FOREST HILL BLVD
#109A
WEST PALM BEACH, FL 33406 US

New Principal Place of Business:

Current Mailing Address:

1499 FOREST HILL BLVD
#109A
WEST PALM BEACH, FL 33406 US

New Mailing Address:

FEI Number: 20-3857583 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NOLL, LISA A VP
1499 FOREST HILL BLVD., #109A
WEST PALM BEACH, FL 33406 US

Name and Address of New Registered Agent:

TURNER, LAUREN A PRES
1499 FOREST HILL BLVD., #109A
WEST PALM BEACH, FL 33406 US

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: LISA A NOLL 09/10/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VP (X) Delete
Name: NOLL, LISA A VP
Address: 1499 FOREST HILL BLVD., #109A
City-St-Zip: WEST PALM BEACH, FL 33463 US

Title: PRES ( ) Delete
Name: TURNER, LAUREN A PRES
Address: 1499 FOREST HILL BLVD., #109A
City-St-Zip: WEST PALM BEACH, FL 33406 US

Title: SEC (X) Delete
Name: LEE, DEBRA A SEC
Address: 1499 FOREST HILL BLVD., #109A
City-St-Zip: WEST PALM BEACH, FL 33406 US

Title: DIR (X) Delete
Name: MADIGAN, MURPHY E DIR
Address: 1499 FOREST HILL BLVD., #109A
City-St-Zip: WEST PALM BEACH, FL 33406 US

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:

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: LAUREN A TURNER PRES 09/10/2006
Electronic Signature of Signing Officer or Director Date