2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P06000019549

1. Entity Name
ADVANTAGE PRIVATE NURSING SERVICES OF FLORIDA, INC.

Principal Place of Business	Mailing Address
8300 COLLEGE PARKWAY SUITE 204 FORT MYERS, FL 33919	8300 COLLEGE PARKWAY SUITE 204 FORT MYERS, FL 33919

DO NOT WRITE IN THIS SPACE

04222008   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
20-4281937		Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KUDA, JOSEPH A
8300 COLLEGE PARKWAY
SUITE 204
FORT MYERS, FL 33919

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	KUDA, JOSEPH A
STREET ADDRESS	8300 COLLEGE PARKWAY, SUITE 204
CITY-ST-ZIP	FORT MYERS, FL 33919
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/16/08-80037-014 150.00

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____   4-22-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #