

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000089350

**FILED**  
**Mar 11, 2011**  
**Secretary of State**

**Entity Name:** HEARTFELT PRIVATE NURSING SERVICES, INC.

**Current Principal Place of Business:**

2003 BARTOW ROAD  
LAKELAND, FL 338016556 US

**New Principal Place of Business:**

**Current Mailing Address:**

7485 CONROY WINDERMERE RD.  
STE. C  
ORLANDO, FL 32835 US

**New Mailing Address:**

**FEI Number:** 20-5144592

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCCASKILL, SUSAN T  
7485 CONROY WINDERMERE RD.  
STE. C  
ORLANDO, FL 32835 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: CEO  
Name: MCCASKILL, SUSAN T  
Address: 7485 CONROY WINDERMERE RD., STE. C  
City-St-Zip: ORLANDO, FL 32835 US

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: SUSAN T. MCCASKILL

CEO

03/11/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date