

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000035126

Entity Name: SPECIALTY NURSING CORPS. INC.

FILED  
Jan 12, 2011  
Secretary of State

**Current Principal Place of Business:**

10018 PARK PLACE AVENUE  
RIVERVIEW, FL 33578

**New Principal Place of Business:**

**Current Mailing Address:**

10018 PARK PLACE AVENUE  
RIVERVIEW, FL 33578

**New Mailing Address:**

FEI Number: 26-4701435      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

GATLIN, JASON A  
11307 LAUREL BROOK COURT  
RIVERVIEW, FL 33569 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: GATLIN, JASON A  
Address: 11307 LAUREL BROOK COURT  
City-St-Zip: RIVERVIEW, FL 33569

Title: CNO  
Name: GATLIN, KARI L  
Address: 11307 LAUREL BROOK COURT  
City-St-Zip: RIVERVIEW, FL 33569

Title: DIR.  
Name: FULTZ, GINNY  
Address: 6653 THACKSTON DRIVE  
City-St-Zip: RIVERVIEW, FL 33569

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: JASON GATLIN

Electronic Signature of Signing Officer or Director

CEO

01/12/2011

Date