

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000035126

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Entity Name:** SPECIALTY NURSING CORPS. INC.

**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:**

GATLIN, JASON A  
1402 ALHAMBRA DRIVE  
APOLLO BEACH, FL 33572 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: JASON GATLIN

01/06/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: GATLIN, JASON A  
Address: 1402 ALHAMBRA DRIVE  
City-St-Zip: APOLLO BEACH, FL 33572

Title: CNO  
Name: GATLIN, KARI L  
Address: 1402 ALHAMBRA DRIVE  
City-St-Zip: APOLLO BEACH, FL 33572

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

PRES

01/06/2012

Electronic Signature of Signing Officer or Director

Date