

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000062485

FILED
Feb 21, 2011
Secretary of State

Entity Name: KIMBERLY ELSEER ADVANCED PRACTICE NURSING SERVICES, P.A.

Current Principal Place of Business:

15254 WILSHIRE CIRCLE SOUTH
PEMBROKE PINES, FL 33027

New Principal Place of Business:

Current Mailing Address:

15254 WILSHIRE CIRCLE SOUTH
PEMBROKE PINES, FL 33027

New Mailing Address:

FEI Number: 27-0617582

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELSER, KIMBERLY
15254 WILSHIRE CIRCLE SOUTH
PEMBROKE PINES, FL 33027 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: D
Name: ELSEER, KIMBERLY
Address: 15254 WILSHIRE CIRCLE SOUTH
City-St-Zip: PEMBROKE PINES, FL 33027

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: KIMBERLY ELSEER

PRES

02/21/2011

Electronic Signature of Signing Officer or Director

Date