2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 28, 2009
Secretary of State

DOCUMENT# P94000080146

Entity Name: NURSING NETWORK OF NAPLES, INC.

Current Principal Place of Business:

720 FIFTH AVENUE SOUTH
SUITE 201
NAPLES, FL 34102 US

New Principal Place of Business:

Current Mailing Address:

720 FIFTH AVENUE SOUTH
SUITE 201
NAPLES, FL 34102 US

New Mailing Address:

FEI Number: 65-0530350 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COX, JANE
720 FIFTH AVENUE SOUTH
SUITE 201
NAPLES, FL 34102 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: P ( ) Delete
Name: COX, JANE
Address: 720 FIFTH AVENUE SOUTH SUITE 201
City-St-Zip: NAPLES, FL 34102

Title: VP ( ) Delete
Name: AVILA, MAYRA
Address: 4520 14TH ST NE
City-St-Zip: NAPLES, FL 34120

Title: SEC (X) Delete
Name: ARBOGAST, GRACE M
Address: 2171 HARBOR LANE
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: COX, JANE
Address: 720 FIFTH AVENUE SOUTH SUITE 201
City-St-Zip: NAPLES, FL 34102

Title: VP (X) Change ( ) Addition
Name: AVILA, MAYRA
Address: 720 FIFTH AVENUE SOUTH SUITE 201
City-St-Zip: NAPLES, FL 34102

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JANE COX PRES 07/28/2009

Electronic Signature of Signing Officer or Director Date