

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000080146

FILED  
Jan 13, 2012  
Secretary of State

**Entity Name:** NURSING NETWORK OF NAPLES, INC.

**Current Principal Place of Business:**

720 5TH AVENUE S.  
SUITE 201  
NAPLES, FL 34102 US

**New Principal Place of Business:**

**Current Mailing Address:**

720 5TH AVENUE S.  
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 E  
720 5TH AVENUE S.  
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: PRES  
Name: COX, JANE E  
Address: 720 5TH AVENUE S., SUITE 201  
City-St-Zip: NAPLES, FL 34102

Title: VP  
Name: AVILA, MAYRA  
Address: 720 5TH AVENUE S., SUITE 201  
City-St-Zip: NAPLES, FL 34102

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: JANE E. COX

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

PRES

01/13/2012

\_\_\_\_\_ Date