

P94000080146

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

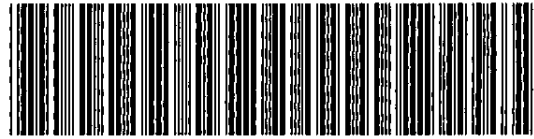
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RA address change

05/07/12--01023--001 **35.00

FILED
2012 MAY -7 PM 1:52
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

5/10/12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Nursing Network of Naples, Inc.
Name of Corporation

DOCUMENT NUMBER: P9400080146

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jene Cox
Name of Contact Person

Nursing Network of Naples, Inc.
Firm/Company

8813 Tamiami Trail East
Address

Naples, FL 34113
City/State and Zip Code

nursingnetwork@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jene Cox at (239) 649-7999
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Nursing Network of Naples, Inc
2. The principal office address: 8813 Tamiami trail East
Naples FL 34113
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/1/1994 Document number: 994000080146

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Jane Cox
720 5th Ave S. #201
Naples FL 34102

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TALLAHASSEE, FLORIDA

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Jane Cox
8813 Tamiami trail East
P.O. Box NOT acceptable
Naples, FL 34113

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Jane Cox
Signature of an officer or director

Jane Cox - Asst
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Jane Cox
Signature of Registered Agent

5/4/12
Date

If signing on behalf of an entity:

Nursing Network of Naples, Inc
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314