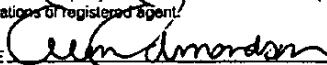
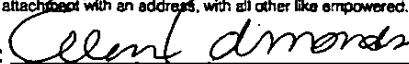


FILED
Mar 18, 2005 8:00 am
Secretary of State

02-22-2005 90019 041 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P96000049142			
1. Entity Name EDMONDSON PROFESSIONAL NURSING SERVICE, INC.			
Principal Place of Business 2016 REBECCA DRIVE CLEARWATER, FL 34624		Mailing Address 2016 REBECCA DRIVE CLEARWATER, FL 33764 US	
2. Principal Place of Business 1499 NURSERY RD		3. Mailing Address 1499 NURSERY RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State CLEARWATER, FL		City & State CLEARWATER FL	
Zip 33764	Country USA	Zip 33764	
Country USA		4. FEI Number 59-3383359	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent EDMONDSON, ELLEN 2016 REBECCA DRIVE CLEARWATER, FL 33467			
7. Name and Address of New Registered Agent Name (SAME) ELLEN EDMONDSON Street Address (P.O. Box Number is Not Acceptable) 1499 NURSERY RD City CLEARWATER FL Zip Code 33764			
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 2/18/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EDMONDSON, ELLEN 2016 REBECCA DRIVE CLEARWATER, FL 33764 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(SAME) ELLEN EDMONDSON ☒ Change ☐ Addition 1499 NURSERY RD CLEARWATER FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date 3/12/05 727-531-9638	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	