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	Mailing Address
2016 REBECCA DRIVE CLEARWATER, FL 34624	2016 REBECCA DRIVE CLEARWATER, FL 33764 US

66006127

02182005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1999 NURSERY RD	1999 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 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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): 1999 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: Ellen Edmondson 2/18/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 1999 NURSERY RD CLEARWATER FL 33764 ☒ Change ☐ Addition
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: Ellen Edmondson 3/12/05 727-531-9638
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #