

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000085111

FILED
Jan 09, 2008
Secretary of State

Entity Name: PREFERRED NURSING SERVICES, INC.

Current Principal Place of Business:

4951 W. ATLANTIC AVE
DELRAY BEACH, FL 33445

New Principal Place of Business:

Current Mailing Address:

4951 W. ATLANTIC AVE
DELRAY BEACH, FL 33445

New Mailing Address:

FEI Number: 65-0700297

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHWAB, FRANCINE
6361 LANSLOWNE CIRCLE
BOYNTON BEACH, FL 33437 US

Name and Address of New Registered Agent:

SCHWAB, FRANCINE
4886 TALLOWOOD LANE
BOCA RATON, FL 33487 US

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:

01/09/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCHWAB, FRANCINE
Address: 6361 LANSLOWNE CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SCHWAB, FRANCINE
Address: 4886 TALLOWOOD LANE
City-St-Zip: BOCA RATON, FL 33487

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: FRANCINE SCHWAB

P

01/09/2008

Electronic Signature of Signing Officer or Director

Date