


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2005 8:00 am**  
**Secretary of State**

02-03-2005 90041 012 \*\*\*150.00

<b>DOCUMENT # P98000047488</b> 1. Entity Name <b>NIGHTINGALE PRIVATE DUTY NURSING, INC.</b>					
Principal Place of Business <b>927 AZALEA LANE VERO BEACH, FL 32963</b>			Mailing Address <b>927 AZALEA LANE VERO BEACH, FL 32963</b>		
2. Principal Place of Business <b>920 37th PLACE</b> Suite, Apt. #, etc. <b>SUITE 104</b>		3. Mailing Address <b>P.O. BOX 1297</b> Suite, Apt. #, etc.			
City & State <b>VERO BEACH, FL</b>		City & State <b>VERO BEACH, FL</b>		4. FEI Number <b>65-0845766</b>	
Zip <b>32960</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>32960</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>STUTZKE, YVONNE SUE 927 AZALEA LN VERO BEACH, FL 32963</b>			7. Name and Address of New Registered Agent Name <b>YVONNE SUE STUTZKE</b> Street Address (P.O. Box Number is Not Acceptable) <b>920 37th PLACE, SUITE 104</b> City <b>VERO BEACH</b> <b>FL</b> Zip Code <b>32960</b>		
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 <u><i>Yvonne Stutzke</i></u> DATE <u>1/31/05</u> <small>(Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>STUTZKE, YVONNE SUE</b> STREET ADDRESS <b>927 AZALEA LN</b> CITY-ST-ZIP <b>VERO BEACH, FL 32963</b>			TITLE <b>P/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS <b>P.O. BOX 1297</b> CITY-ST-ZIP <b>VERO BEACH, FL 32961</b>		
TITLE <b>VP</b> <input type="checkbox"/> Delete NAME <b>STUTZKE, E MICHAEL</b> STREET ADDRESS <b>927 AZALEA LN</b> CITY-ST-ZIP <b>VERO BEACH, FL 32963</b>			TITLE <b>VP/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS <b>P.O. BOX 1297</b> CITY-ST-ZIP <b>VERO BEACH, FL 32961</b>		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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 <u><i>Yvonne Stutzke</i></u> DATE <u>1/31/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					