

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90027 028 ***150.00

DOCUMENT # P98000047488

1. Entity Name
NIGHTINGALE PRIVATE DUTY NURSING, INC.



Principal Place of Business
**920 37TH PLACE
SUITE 104
VERO BEACH, FL 32960**

Mailing Address
**P.O. BOX 1297
VERO BEACH, FL 32961**



2. Principal Place of Business
**920 37th Place
Suite, Apt. #, etc.
SUITE 101**

3. Mailing Address
**920 37th Place
Suite, Apt. #, etc.
SUITE 101**

01262006 Chg-P CR2E034 (11/05)

City & State
VERO BEACH, FL

City & State
VERO BEACH, FL

4. FEI Number
65-0845766

Applied For
Not Applicable

Zip
32960

Country

Zip
32960

Country

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

6. Name and Address of Current Registered Agent

**STUTZKE, YVONNE SUE
920 37TH PLACE
SUITE 104 101
VERO BEACH, FL 32960**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
STUTZKE, YVONNE SUE
920 37TH PLACE SUITE 104
VERO BEACH, FL 32961** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
STUTZKE, E MICHAEL
920 37TH PLACE SUITE 104
VERO BEACH, FL 32961** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**920 37TH PLACE, SUITE 101
VERO BEACH, FL 32960** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**920 37TH PLACE, SUITE 101
VERO BEACH, FL 32960** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 exemptions contained 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 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:

Yvonne Sue Stutzke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/7/06

772

7780157