## 2007 FOR PROFIT CORPORATION

## Apr 23, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P98000047488 04-23-2007 90281 037 \*\*\*150.00 1. Entity Name NIGHTINGALE PRIVATE DUTY NURSING, INC. 40078388 Principal Place of Business Mailing Address 920 37TH PLACE 920 37TH PLACE SUITE 101 SUITE 101 VERO BEACH, FL 32960 VERO BEACH, FL 32960 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092007 CR2E034 (12/06) Cha-P Applied For City & State City & State 4 FELNumber 65-0845766 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STUTZKE, YVONNE SUE **920 37TH PLACE** Street Address (P.O. Box Number is Not Acceptable) SUITE 184- 10 / VERO BEACH, FL 32960 City 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 agen; and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be $\Box$ Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD ☐ Change ■ Addition TITLE Delete TITLE STUTZKE, YVONNE SUE NAME NAME 920 37TH PLACE., STE 101 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32960 CITY-ST-ZIP VD Change Addition TITLE ☐ Delete TITLE STUTZKE, E MICHAEL NAME NAME STREET ADDRESS 920 37TH PLACE., STE. 101 STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32960 CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-7IP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

CITY-ST-7IP

TITLE

NAME STREET ADDRESS

☐ Defete

☐ Change

Addition

**FILED**