

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000047488

FILED
Mar 15, 2009
Secretary of State

Entity Name: NIGHTINGALE PRIVATE DUTY NURSING, INC.

Current Principal Place of Business:

920 37TH PLACE
SUITE 101
VERO BEACH, FL 32960

New Principal Place of Business:

774 AZALEA LANE
VERO BEACH, FL 32963

Current Mailing Address:

PO BOX 64-3237
VERO BEACH, FL 32964

New Mailing Address:

FEI Number: 65-0845766

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STUTZKE, YVONNE SUE
3000 NORTH AIA, UNIT PH-GB
FORT PIERCE, FL 34949 US

Name and Address of New Registered Agent:

STUTZKE, YVONNE SUE
774 AZALEA LANE
VERO BEACH, FL 32963 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:

03/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STUTZKE, YVONNE SUE
Address: 3000 NORTH AIA, UNIT PH-GB
City-St-Zip: FORT PIERCE, FL 34949

Title: VD () Delete
Name: STUTZKE, MICHAEL E
Address: 3000 NORTH AIA, UNIT PH-GB
City-St-Zip: FORT PIERCE, FL 34949

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: STUTZKE, YVONNE SUE
Address: 774 AZALEA LANE
City-St-Zip: VERO BEACH, FL 32963

Title: VD (X) Change () Addition
Name: STUTZKE, MICHAEL E
Address: 774 AZALEA LANE
City-St-Zip: VERO BEACH, FL 32963

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: YVONNE SUE STUTZKE

PRES

03/15/2009

Electronic Signature of Signing Officer or Director

Date