

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000057349

1. Entity Name

NURSE PRACTITIONER SERVICES, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90230 017 ***150.00

Principal Place of Business

Mailing Address

3050 10TH COURT
 VERO BEACH FL 32960

3050 10TH COURT
 VERO BEACH FL 32960-4909

2. Principal Place of Business

3. Mailing Address

8074 Severn Drive

8074 Severn Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit D

Unit D

City & State

City & State

Boca Raton, FL

Boca Raton, FL

Zip

Country

Zip

Country

33433

USA

33433

USA

4. FEI Number

65-0930770

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOGUIDICE, PETER D
 3545 OCEAN DRIVE, STE. 201
 VERO BEACH FL 32963

Name

Peter D. Loguidice

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

8074 Severn Drive

Unit D

City

Boca Raton

FL

Zip Code

33433

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.

SIGNATURE

[Signature]

4/28/00

Signature, typed or printed name of registered agent and when applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **BERRY, HEATHER A**
 STREET ADDRESS **3050 10TH COURT**
 CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE **D** ☒ Change ☐ Addition
 NAME **Heather A Loguidice**
 STREET ADDRESS **8074 Severn Drive Unit D**
 CITY-ST-ZIP **Boca Raton, FL 33433**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] (Heather Loguidice)

4/28/00

(561) 483-0605

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)