# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 02, 2005**
**Secretary of State**

DOCUMENT# P99000057349

**Entity Name:** NURSE PRACTITIONER SERVICES, INC.

**Current Principal Place of Business:**

8074 SEVERN DR.
UNIT D
BOCA RATON, FL 33433

**New Principal Place of Business:**

470 JEFFERSON DRIVE
APT. 206
DEERFIELD BEACH, FL 33442

**Current Mailing Address:**

8074 SEVERN DR.
UNIT D
BOCA RATON, FL 33433

**New Mailing Address:**

470 JEFFERSON DRIVE
APT. 206
DEERFIELD BEACH, FL 33442

**FEI Number: 65-0930770** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LOGUIDICE, PETER D
8074 SEVERN DR.
UNIT D
BOCA RATON, FL 33433 US

**Name and Address of New Registered Agent:**

LOGUIDICE, PETER D
470 JEFFERSON DRIVE
APT. 206
DEERFIELD BEACH, FL 33442 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: 05/02/2005
Electronic Signature of Registered Agent — Date

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: LOGUIDICE, HEATHER A
Address: 8074 SEVERN DR UNIT D
City-St-Zip: BOCA RATON, FL 33433

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition
Name: LOGUIDICE, HEATHER A
Address: 470 JEFFERSON DRIVE APT. 206
City-St-Zip: DEERFIELD BEACH, FL 33442

I hereby certify that the information supplied with this filing does not qualify for the 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 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: HEATHER LOGUIDICE D 05/02/2005
Electronic Signature of Signing Officer or Director — Date