


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Apr 18, 2008 08:00 A
Secretary of State

DOCUMENT # S80107
1. Entity Name
A PREFERRED NURSING SERVICE, INC.



Principal Place of Business 2811 TAMiami TRAIL UNIT Q PORT CHARLOTTE, FL 33952 US	Mailing Address 2811 TAMiami TRAIL UNIT Q PORT CHARLOTTE, FL 33952 US
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DO NOT WRITE IN THIS SPACE



02142008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0285666	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ELKINS, ROBERT N
2811 TAMiami TR UNIT Q
PORT CHARLOTTE, FL 33952

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

UN00000906985
05/05/08-80020-008 150.00

-10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO ELKINS, ROBERT 2811 TAMiami TRAIL, SUITE Q PORT CHARLOTTE, FL 33952
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IN THIS SPACE**

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: Robert Elkins 4/2/08 305 948-1700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #