

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S80107

FILED
Apr 13, 2009
Secretary of State

Entity Name: A PREFERRED NURSING SERVICE, INC.

Current Principal Place of Business:

2811 TAMIAMI TRAIL
UNIT Q
PORT CHARLOTTE, FL 33952 US

New Principal Place of Business:

Current Mailing Address:

2811 TAMIAMI TRAIL
UNIT Q
PORT CHARLOTTE, FL 33952 US

New Mailing Address:

1400 NE MIAMI GARDENS DRIVE
SUITE 200
MIAMI, FL 33179 US

FEI Number: 65-0285666 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: ELKINS, ROBERT
Address: 2811 TAMIAMI TRAIL, SUITE Q
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROBERT ELKINS

CEO

04/13/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date