

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S80107

FILED  
Mar 15, 2011  
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:**

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

**New Mailing Address:**

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

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

GRASSIE, YVONNE G ESQ  
1221 BRICKELL AVENUE  
MIAMI, FL 33131 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

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: ELKINS, ROBERT  
Address: 1400 NE MIAMI GARDENS DRIVE, SUITE 200  
City-St-Zip: MIAMI, FL 33179

Title: S  
Name: ELKINS, SHIRLENE  
Address: 1400 NE MIAMI GARDENS DRIVE, SUITE 200  
City-St-Zip: MIAMI, FL 33179

Title: P  
Name: SYKES, G. HARLEY  
Address: 1400 NE MIAMI GARDENS DRIVE, SUITE 200  
City-St-Zip: MIAMI, FL 33179

Title: EVP  
Name: JANDA, MICHAEL  
Address: 1400 NE MIAMI GARDENS DRIVE, SUITE 200  
City-St-Zip: MIAMI, FL 33179

I hereby 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 all other like empowered.

SIGNATURE: G. HARLEY SYKES

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03/15/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date