

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S80107

FILED
May 01, 2012
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:

1045 CROSSPOINTE DRIVE
SUITE 1
NAPLES, FL 34110 US

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 ()**

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:

GRASSIE, YVONNE G ESQ
333 S.E. 2ND AVENUE
MIAMI, FL 33131 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: _____

Electronic Signature of Registered Agent

05/01/2012

Date

OFFICERS AND DIRECTORS:

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

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

Title: PRES
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: MICHAEL L. JANDA

Electronic Signature of Signing Officer or Director

EVP

05/01/2012

Date