

2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Aug 07, 2012
Secretary of State**

DOCUMENT# S80107

Entity Name: A PREFERRED NURSING SERVICE, INC.

Current Principal Place of Business:

1045 CROSSPOINTE DRIVE
SUITE 1
NAPLES, FL 34110 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

1045 CROSSPOINTE DRIVE
SUITE 1
NAPLES, FL 34110 US

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
333 S.E. 2ND 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: 1045 CROSSPOINTE DRIVE, SUITE 1
City-St-Zip: NAPLES, FL 34110

Title: SEC
Name: ELKINS, SHIRLENE
Address: 1045 CROSSPOINTE DRIVE, SUITE 1
City-St-Zip: NAPLES, FL 34110

Title: EVPO
Name: CERICOLA, FRAN
Address: 1045 CROSSPOINTE DRIVE, SUITE 1
City-St-Zip: NAPLES, FL 34110

Title: EVPF
Name: REYNOLDS, LORETTA
Address: 1045 CROSSPOINTE DRIVE, SUITE 1
City-St-Zip: NAPLES, FL 34110

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: LORETTA A. REYNOLDS

EVPF

08/07/2012

Electronic Signature of Signing Officer or Director

Date