

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# S80107

FILED  
Apr 11, 2003  
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:

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

## Name and Address of Current Registered Agent:

OSTBERG, PERNILLE  
2811 TAMIAMI TRAIL  
UNIT Q  
PORT CHARLOTTE, FL 33952 US

## Name and Address of New Registered Agent:

SENNOTT, TOM  
8000 NORTH FEDERAL HWY  
SUITE 201  
BOCA RATON, FL 33487 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: TOM SENNOTT

04/11/2003

Electronic Signature of Registered Agent

Date

## Election Campaign Financing Trust Fund Contribution ( ).

### OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: LINK, DONNA  
Address: 23465 HARBORVIEW RD #742  
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: DST ( ) Delete  
Name: RUSSO, DIANE C.,  
Address: 23465 HARBORVIEW RD, #245  
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition  
Name: OSTBERG, PERNILLE  
Address: 8000 N. FEDERAL HWY, SUITE 201  
City-St-Zip: BOCA RATON, FL 33487

Title: DSV (X) Change ( ) Addition  
Name: ELKINS, ROBERT N  
Address: 8000 N. FEDERAL HWY, SUITE 201  
City-St-Zip: BOCA RATON, FL 33487

Title: A ( ) Change (X) Addition  
Name: LINK, DONNA  
Address: 2811 TAMIAMI TRAIL, UNIT Q  
City-St-Zip: PORT CHARLOTTE, FL 33952

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PERNILLE OSTBERG

P

04/11/2003

Electronic Signature of Signing Officer or Director

Date