

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000080846

**Entity Name:** NESTEGGS RETIREMENT PLAN SERVICES, INC.**Current Principal Place of Business:**4745 SUTTON PARK COURT  
SUITE 202  
JACKSONVILLE, FL 32224-0253**Current Mailing Address:**4745 SUTTON PARK COURT  
SUITE 202  
JACKSONVILLE, FL 32224-0253**FEI Number:** 59-3664112**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SLIMMON, CONSTANCE C  
14402 MARINA SAN PABLO PL, 803  
JACKSONVILLE, FL 32224-0826 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\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	P
Name	SLIMMON, CONSTANCE C
Address	14402 MARINA SAN PABLO PL, 803
City-State-Zip:	JACKSONVILLE FL 32224-0826

Title	VP, PRACTICE MANAGEMENT
Name	KHEEZUM, KEVIN B.
Address	4745 SUTTON PARK COURT SUITE 202
City-State-Zip:	JACKSONVILLE FL 32224-0253

Title	VP
Name	SLIMMON, ROBERT F
Address	14402 MARINA SAN PABLO PL, 803
City-State-Zip:	JACKSONVILLE FL 32224-0826

Title	VP, CLIENT RELATIONSHIPS
Name	GRONVOLD, SARAH S.
Address	4745 SUTTON PARK COURT SUITE 202
City-State-Zip:	JACKSONVILLE FL 32224-0253

*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:** ROBERT F. SLIMMON

VP

04/07/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date