

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000087926

Entity Name: MALY NURSE PRACTITIONER SERVICES, INC.

Current Principal Place of Business:

5176 WILLIAM SULLIVAN CIRCLE
BROOKSVILLE, FL 34604

Current Mailing Address:

5176 WILLIAM SULLIVAN CIRCLE
BROOKSVILLE, FL 34604

FEI Number: 20-3066455

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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	PSD	Title	VTD
Name	MALY, JULIE T	Name	MALY, STEVEN E
Address	5176 WILLIAM SULLIVAN CIRCLE	Address	5176 WILLIAM SULLIVAN CIRCLE
City-State-Zip:	BROOKSVILLE FL 34604	City-State-Zip:	BROOKSVILLE FL 34604

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: STEVEN E MALY

VTD

04/18/2013

Electronic Signature of Signing Officer/Director Detail

Date