

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000060738

**Entity Name:** ADVANCED NURSING SERVICES, INC.

**Current Principal Place of Business:**

783 HOUSE WREN CIR.  
PALM HARBOR, FL 34685

**Current Mailing Address:**

783 HOUSE WREN CIR.  
PALM HARBOR, FL 34685 US

**FEI Number: 32-0416478**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MAGLIO, BRITTANY C  
783 HOUSE WREN CIR.  
PALM HARBOR, FL 34685 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 MAGLIO, BRITTANY C  
Address 783 HOUSE WREN CIR.  
City-State-Zip: PALM HARBOR FL 34685

*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: BRITTANY MAGLIO**

**P**

**01/20/2016**

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

\_\_\_\_\_  
Date