

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005448

FILED  
May 01, 2009  
Secretary of State

Entity Name: NURSE ON CALL, INC.

**Current Principal Place of Business:**

1926 10TH AVENUE NORTH  
SUITE 201  
LAKE WORTH, FL 33461

**New Principal Place of Business:**

**Current Mailing Address:**

1926 10TH AVENUE NORTH  
SUITE 201  
LAKE WORTH, FL 33461

**New Mailing Address:**

FEI Number: 20-3376952      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

DALE, CLIFT  
1926 10TH AVENUE N  
SUITE 201  
LAKE WORTH, FL 33461 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CLIFT, DALE  
Address: 1926 10TH AVENUE N, SUITE 201  
City-St-Zip: LAKE WORTH, FL 33461

Title: VD ( ) Delete  
Name: MICHALIK, CHRISTIAN P  
Address: 888 SEVENTH AVE., 16TH FLOOR  
City-St-Zip: NEW YORK, NY 10106

Title: SCD ( ) Delete  
Name: CARRUTHERS, CORWYNNE  
Address: 888 SEVENTH AVE., 16TH FLOOR  
City-St-Zip: NEW YORK, NY 10106

Title: CFO ( ) Delete  
Name: JAMIE, HYNES  
Address: 1926 10TH AVENUE N, SUITE 201  
City-St-Zip: LAKE WORTH, FL 33461

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JAMIE HYNES

CFO

05/01/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date