

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L42703

FILED  
Aug 29, 2006  
Secretary of State

Entity Name: NURSE-ON-CALL OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

130 JFK DR  
STE 203  
ATLANTIS, FL 33462 US

**New Principal Place of Business:**

**Current Mailing Address:**

130 JFK DR  
STE 203  
ATLANTIS, FL 33462 US

**New Mailing Address:**

FEI Number: 65-0174227      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CLIFT, DALE  
130 JFK DRIVE  
SUITE 203  
ATLANTIS, FL 33462 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: PSD ( ) Delete  
Name: CLIFT, DALE  
Address: 130 JFK DRIVE, SUITE 203  
City-St-Zip: ATLANTIS, FL 33462

Title: CFO ( ) Delete  
Name: HYNES, JAMIE  
Address: 130 JFK DRIVE, SUITE 203  
City-St-Zip: ATLANTIS, FL 33462

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

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

**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 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

08/29/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date