

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L42703

FILED  
Apr 21, 2008  
Secretary of State

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

## Current Principal Place of Business:

1926 10TH AVE N  
SUITE 304  
LAKE WORTH, FL 33461 US

## New Principal Place of Business:

1926 10TH AVE N  
SUITE 201  
LAKE WORTH, FL 33461 US

## Current Mailing Address:

1926 10TH AVE N  
SUITE 205  
LAKE WORTH, FL 33461 US

## New Mailing Address:

1926 10TH AVE N  
SUITE 201  
LAKE WORTH, FL 33461 US

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  
1926 10TH AVE N  
SUITE 205  
LAKE WORTH, FL 33461 US

## Name and Address of New Registered Agent:

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

04/21/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete  
Name: CLIFT, DALE  
Address: 1926 10TH AVE N , SUITE 205  
City-St-Zip: LAKE WORTH, FL 33461

Title: CFO ( ) Delete  
Name: HYNES, JAMIE  
Address: 1926 10TH AVE N , SUITE 205  
City-St-Zip: LAKE WORTH, FL 33461

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: PSD (X) Change ( ) Addition  
Name: CLIFT, DALE  
Address: 1926 10TH AVE N , SUITE 201  
City-St-Zip: LAKE WORTH, FL 33461

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

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

04/21/2008

Electronic Signature of Signing Officer or Director

Date