

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L42703

FILED  
Apr 30, 2010  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PSD  
**Name:** CLIFT, DALE  
**Address:** 1926 10TH AVE N , SUITE 201  
**City-St-Zip:** LAKE WORTH, FL 33461

**Title:** CFO  
**Name:** HYNES, JAMIE  
**Address:** 1926 10TH AVE N , SUITE 201  
**City-St-Zip:** LAKE WORTH, FL 33461

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

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

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: JAMIE HYNES

CFO

04/30/2010

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

\_\_\_\_\_ Date