

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L42703

FILED  
May 23, 2011  
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:**

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

**Current Mailing Address:**

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

**New Mailing Address:**

1926 10TH AVE N  
SUITE 400  
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 201  
LAKE WORTH, FL 33461 US

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

CLIFT, DALE  
1926 10TH AVE N  
SUITE 400  
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: DALE CLIFT

05/23/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: CLIFT, DALE  
Address: 1926 10TH AVE N , SUITE 400  
City-St-Zip: LAKE WORTH, FL 33461

Title: CFO  
Name: HYNES, JAMIE  
Address: 1926 10TH AVE N , SUITE 400  
City-St-Zip: LAKE WORTH, FL 33461

Title: D  
Name: CARRUTHERS, CORWYNNE  
Address: 1926 10TH AVE N SUITE 400  
City-St-Zip: LAKE WORTH, FL 33461

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

05/23/2011

Electronic Signature of Signing Officer or Director

Date