

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L42703

FILED
May 01, 2012
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

1926 10TH AVE N
SUITE 400
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 400
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

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

05/01/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date