

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000096021

Entity Name: NURSING UNLIMITED, INC.

FILED  
Feb 07, 2006  
Secretary of State

**Current Principal Place of Business:**

633 NE 167TH ST, STE 1205  
N MIAMI BEACH, FL 33162

**New Principal Place of Business:**

**Current Mailing Address:**

633 NE 167TH ST, STE 1205  
N MIAMI BEACH, FL 33162

**New Mailing Address:**

FEI Number: 65-1048982      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

POLLACK, STEVEN W  
633 NE 167TH ST, STE 1205  
N MIAMI BEACH, FL 33162      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: D      ( ) Delete  
Name: POLLACK, STEVEN W  
Address: 633 NE 167TH ST, STE 1205  
City-St-Zip: N MIAMI BEACH, FL 33162

Title: D      ( ) Delete  
Name: POLLACK, BRADLEY S  
Address: 633 NE 167TH ST, STE 1205  
City-St-Zip: N MIAMI BEACH, FL 33162

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPST      (X) Change ( ) Addition  
Name: POLLACK, STEVEN W  
Address: 633 NE 167TH ST, STE 1205  
City-St-Zip: N MIAMI BEACH, FL 33162

Title: DVP      (X) Change ( ) Addition  
Name: POLLACK, BRADLEY S  
Address: 633 NE 167TH ST, STE 1205  
City-St-Zip: N MIAMI BEACH, FL 33162

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: STEVEN W. POLLACK

DPST

02/07/2006

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

\_\_\_\_\_ Date