

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000096021

Entity Name: NURSING UNLIMITED, INC.

FILED  
Jan 06, 2010  
Secretary of State

**Current Principal Place of Business:**

18405 NW 2ND AVENUE  
MIAMI GARDENS, FL 33169

**New Principal Place of Business:**

**Current Mailing Address:**

18405 NW 2ND AVENUE  
MIAMI GARDENS, FL 33169

**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  
18405 NW 2ND AVENUE  
MIAMI GARDENS, FL 33169 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: DPST  
Name: POLLACK, STEVEN W  
Address: 18405 NW 2ND AVENUE  
City-St-Zip: MIAMI GARDENS, FL 33169

Title: DV  
Name: REMENTERIA, REINALDO  
Address: 18405 NW 2ND AVENUE  
City-St-Zip: MIAMI GARDENS, FL 33169

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: STEVEN W. POLLACK

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01/06/2010

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

\_\_\_\_\_ Date