2006 FOR PROFIT-CORPORATION ANNUAL REPORT

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FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90295 005 ***150.00

Zip Country Zip Country 5. Certificate of Status Desired Agent Status Desired Status Desired Agent	1. Entity Nam	ie	NURSING ASSO	CIATES, INC.								
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country S. Certificate of Status Desired \$8.75 Additional research regression research Agent \$1.75 Additional research regression research Agent \$1.75 Additional research regression research Agent \$1.75 Additional research \$1.75 Additional research	1 525 S TAMI	iami trai l	s 238 Tamiami Tr	, S. 201 PALMETTO DR.			·	· .	٠.			
City & State Country Countr	2. Principal P	lace of Busin	ness	3. Mailing Address								
Zip Country Zip Country 5, Certificate of Status Desired Sease Required Fee Required Fee Required Strott Additional Office or registered Agent Name PETTOGRASSO, VICTORIA 633 APALLACHICOLA RD VENICE, FL 34285 Siret Address (P.O. Box Number is Not Acceptable) Strott Addre	Suite, Apt.	#, etc.		Suite, Apt. #, etc.				04082006	Chg-P	CR2E	034 (11/05)	
Sire Address of Name and Address of Current Registered Agent - 6. Name and Address of Current Registered Agent PETTOGRASSO, VICTORIA 833 APALACHICOLA RD VENICE, FL 34285 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and as the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campalign Financing Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1: NAME SIRET ADDRESS OITY-ST-ZP TITLE Delete TITLE NAME SIRET ADDRESS OITY-ST-ZP TITLE Delete TITLE NAME SIRET ADDRESS OITY-ST-ZP TITLE Delete TITLE NAME SIRET ADDRESS OITY-ST-ZP TITLE NAME SIRET ADDRESS OITY-ST-ZP TITLE Delete TITLE NAME SIRET ADDRESS OITY-ST-ZP TITLE NAME SIRET ADDRESS OITY-ST-ZP TITLE Delete TITLE NAME SIRET ADDRESS OITY-ST-ZP TITLE NAME OITY-ST-ZP TITLE NAME NAME NAME NAME NAME NAME NAME NAME OITY-ST-ZP TITLE NAME OITY-ST-ZP TITLE NAME NAME NAME NAME NAME NAME NAME OITY-ST-ZP TITLE NAME NAME NAME NAME OITY-ST-ZP TITLE NAME NAME NAME NAME NAME NAME OITY-ST-ZP TITLE NAME NAME NAME	City & Stat	е		City & State		•,		1				pplied For of Applicable
PETTOGRASSO, VICTORIA 633 APALACHICOLA RD VENICE, FL 34285 8. 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. I am familiar with, and at the obligations of registered agent and life * applicable. **THE NOW!!!* FEE IS \$150.00 **After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1. **THE NAME** STREET ADDRESS CITY-ST-2P** **THE NAME** STREET ADDRESS CITY-ST-2P* **THE NAME** STREET ADDRESS CITY-ST-2P	Zip		·		<u> </u>	try					Fee Require	
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code 6. 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. I am familiar with, and at the objection of registered agent. SIGNATURE Signature. Signature. Speed or periade have of regulated agent and site if applicable. (MOTE Registered Agent signature recitating) OATE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1: ITILE D VENICE. FL 34286 OITY-ST-2P TITLE OBelde TITLE NAME SIREET ADDRESS OITY-ST-2P TITLE OBelde TITLE OBelde TITLE OBelde TITLE OBelde TITLE ORAME SIREET ADDRESS OITY-ST-2P TITLE OBelde TITLE OBelde TITLE ORAME SIREET ADDRESS OITY-ST-2P TITLE OBelde TITLE TITLE OBELDE TITLE TITLE OBELDE TITLE TI		6. Name	and Address of Curre	ent Registered Agent	•	Name		-7Name and	Address of New R	egistered	Agent	
8. 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. I am familiar with, and as the obligations of registered agent. SIGNATURE Signature typed or proted name of registered agent and site if applicable.	633 APAL	ACHICOL/				Street Ac	ddress (P.O. Box Numbe	r is Not Acceptable	·)		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and at the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) PETTOR ASSO, VICTORIA L STREET ADDRESS CITY-ST-ZP VENICE_EL_34286 Delete ITILE NAME STREET ADDRESS CITY-ST-ZP UNDICE_EL_34286 Delete TITLE NAME STREET ADDRESS CITY-ST-ZP UNDICE_EL_34286 Delete TITLE NAME STREET ADDRESS CITY-ST-ZP UNDICE_EL_34286 Delete TITLE NAME STREET ADDRESS CITY-ST-ZP UNDICE_EL_34286 Delete TITLE NAME STREET ADDRESS CITY-ST-ZP UNDICE_EL_34286 Delete TITLE NAME STREET ADDRESS CITY-ST-ZP UNDICE_EL_34286 Delete TITLE NAME STREET ADDRESS CITY-ST-ZP UNDICE_EL_34286 Delete TITLE NAME STREET ADDRESS CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP Delete NAME STREET ADDRESS CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP Delete NAME NAME STREET ADDRESS CITY-ST-ZP	,					City				FI	Zip Cod	e
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes.	NAME STREET ADDRESS CITY-ST-ZIP				NAM(STRE CITY:	ET ADDRESS -ST-ZIP						Addition

of the corporation or his report of supplemental report is true and accurate and triat my signature shall have the same legal effect as it 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:	Victoria	Pellon	4-19-06	
	SIGNATURE AND TYPED ON PRI	NTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #